

Emmanuel Christian School Emergency Care Information

Students Full Name: _____

DOB: _____ Grade: _____ Teacher: _____

Address: _____

Parents Are: _____ Married/Living Together _____ Separated _____ Divorced

If Parents are divorced, who has legal custody? _____

Mother: _____ Home: _____ Work: _____

Cell: _____ Pgr.: _____

Father: _____ Home: _____ Work: _____

Cell: _____ Pgr.: _____

Other: _____ Home: _____ Work: _____

Relationship: _____ Cell: _____ Pgr.: _____

Please check which of the following your child may have while at school if needed:

Tylenol _____ Children's Tylenol _____ Ibuprofen _____ Cough drop _____ Tums _____

None - please call first _____

Allergies to Medicine _____

Please list the reaction _____

List any other allergies _____

Please list the reaction _____

Please list any history that is pertinent to your child's daily care at school:

Please list all prescribed medications your child takes, and include amounts:

In case of emergency allergic reaction, ECS has permission to give my child *BENEDRYL ELIXIR* per directions,
before notification of parent: YES _____ NO _____

Parents Signature _____ Date: _____