



STUDENT EMERGENCY CONTACT CARD

Emergency Contacts

In case of an emergency, it is imperative that the school be able to reach the student's parents. Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly.

Office Use Only

Date Enrolled: _____

MEDICAL

RESTRAINING ORDER

OTHER

STUDENT _____ Grade: _____
Last Name First Middle Male Female Social Security #: _____

Home Address City State/Zip Home Phone Date of Birth

Mailing Address, if different from above City State/Zip Lives with: Mother Father Both Parents Other _____

REGISTERING PARENT _____ | _____
Last Name First Employer

Home Address City State/Zip Home Phone Work Phone

Cell Phone E-mail Address

OTHER PARENT _____ | _____
Last Name First Employer

Home Address City State/Zip Home Phone Work Phone

Cell Phone E-mail Address Languages spoken at home: 1. _____ 2. _____

Has a court prohibited the parent from having contact with the student? No Yes If Yes, contact the School Office.

AUTHORIZED Release/Contact Please list the names of persons to whom we may release your child or who we may contact if we cannot reach you. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW.** In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special medical needs required by your child?

I/we hereby authorize contact with, release of emergency related information, or release of the student to the following persons in the event of illness, injury, evacuation or other emergency that may occur while students are in school.

Name	Relationship	Phone

I declare that the information on this form is true and correct. I will notify the school office immediately of any changes.

Parent's Signature _____ Date _____ Continued →

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Emergency Contacts

STUDENT

Last Name

First

Middle

MEDICAL/HEALTH INFORMATION

Medication: Does your child take medication? No Yes

Medication	Dosage	Hour(s) given

If your child requires medication at school, all medication sent to school must be in the original prescription container with a current date and the child's name. Also a **"Medication/treatment Authorization"** form must be completed and signed by the physician and the parent, and must be on file.

Health Insurance Information: *Please check appropriate box.*

- Family Health Insurance
 No Health Insurance
 Medicaid # _____
 Other _____

Physician/Health Care Provider _____ Phone #: _____

Health Plan/Group Name _____ Policy #: _____

Dentist _____ Phone #: _____

Vision and/or Hearing Information: *Please check appropriate box.*

- Wears glasses and/or contacts
 Wears hearing aid(s)

Medical Conditions: Please check the appropriate boxes if your child has any of the following:

- Severe allergies
 Food/Environmental
 Stinging Insects/Bees
 Medicines/Drugs
 Other Please explain: _____

Requiring: → Benadryl EpiPen Other _____

Asthma If checked, uses inhaler on daily medication

Seizures If checked, on medication? Yes No

Diabetes If checked, insulin dependent? Yes No

Movement limitations: _____

Other (please explain): _____

Recent illness, hospitalization or surgery. If checked, please provide date(s) and description(s):

EMERGENCY TREATMENT AUTHORIZATION

I the undersigned parent(s) of _____, do hereby give authorization and consent to the school to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I will NOT hold New Harvest Christian Academy financially responsible for the emergency care and/or transportation of my child.

 Parent's Signature Date

RELEASE OF MEDICAL INFORMATION

I hereby understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.

 Parent's Signature Date

EMERGENCY DISMISSAL

In the event of a severe storm or other unscheduled emergency dismissal your child is instructed to:

- Ride home with parent only
 Ride home with friend/relative identified on authorized contact list
 Other _____

 Parent's Signature Date