

# VILLAGE CHRISTIAN SCHOOLS

## EMERGENCY INFORMATION

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M  or F

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Lives With \_\_\_\_\_ Legal Custody \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Other Members of Household (Specify) \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**I understand that my child will be unenrolled from school if immunizations and TB testing are not up-to-date by the first day of school.**

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:** *(Other than parents)*

Full Name	Home Number	Work Number	Cell Number	Relationship to child	Allowed to Pick up? Yes or No

**Student Accident Insurance**

We expect that every student will be covered by the family's medical insurance. In addition, the school provides student accident insurance. *Note that student accident insurance is secondary to your family coverage and does not cover tackle football.* You should confirm tackle football coverage with your family medical insurance agent.

*Please continue on other side*

Child's Full Name: \_\_\_\_\_

**Student Health History**

Please provide pertinent health information (conditions requiring ongoing care or conditions that would affect the child during P.E. or sports activities).

Medical (heart conditions, epilepsy, diabetes, etc. Please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (food, bee stings, etc. Please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

STATE LAW REQUIRES that parents who would like for their children to receive medications at school, including over-the-counter medications, must submit a written request with a doctor's signature EACH SCHOOL YEAR. Forms are available in the Health Office.

**DISASTER/MEDICAL EMERGENCY AUTHORIZATION**

I hereby authorize the release of the above medical information regarding my child to teachers and other school personnel as needed, for my child's safety at school. I understand that I am to arrange to have my child picked up according to handbook policy if the child becomes ill or injured. I give permission for my child to receive emergency first aid from school personnel.

In the event of an emergency and I am unavailable, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I further hold the school harmless for any result of said treatment and bear solely the financial responsible for such treatment.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_