

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: _____