

Student's Last Name: _____ First Name: _____ Date: _____

Grade: _____ Room: _____ Male Female Birth Date: _____

PLUMSTEAD CHRISTIAN SCHOOL – EMERGENCY INFORMATION
Please Print

Street: _____ Home Phone: _____

Town: _____ State: _____ Zip: _____

Person with whom student lives if other than parent: _____

Please note any special information (i.e. custody, permanent childcare arrangements, and name of caregiver.)

Please include phone numbers: _____

| |
|---------------------|
| FATHER'S NAME: |
| Home Address: _____ |
| E-mail: _____ |
| Home Phone: _____ |
| Cell Phone: _____ |
| Employer: _____ |
| Work Phone: _____ |

| |
|---------------------|
| MOTHER'S NAME: |
| Home Address: _____ |
| E-mail: _____ |
| Home Phone: _____ |
| Cell Phone: _____ |
| Employer: _____ |
| Work Phone: _____ |

Local persons to be called in case of accident or illness if you cannot be reached (in order of preference).

Please do not put parents' numbers here

| | | |
|--|---------------------|--------------|
| Name: _____ | Relationship: _____ | Phone: _____ |
| Name: _____ | Relationship: _____ | Phone: _____ |
| Family Physician: _____ | | Phone: _____ |
| Family Dentist: _____ | | Phone: _____ |
| Please note any special health concerns such as allergy to any medication, insect bites, food allergies, convulsions, etc. | | |
| | | |
| Please list daily medication your child takes at home: 1. _____ | | |
| <i>(Information critical for emergency situations)</i> 2. _____ | | |

The school nurses have standing orders from the school district doctor to administer acetaminophen (generic Tylenol), ibuprofen (generic Advil/Motrin), or as deemed necessary by a nurse and with parent consent. Please sign below if you consent to have your child medicated in school.

My child may receive acetaminophen according to the standing orders. _____
Parent signature required

My child may receive ibuprofen according to the standing orders. _____
Parent signature required

If your child becomes ill or injured at school, it is the responsibility of the parents to provide transportation home. In case of extreme emergency, when parents cannot be contacted, I give school authorities permission to take whatever action deemed necessary for the health of my child:

Parent/Guardian Signature: _____