

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: \_\_\_\_\_