

Cornerstone Christian Academy

Pusch Ridge Christian Academy

Catalina Foothills Church Schools
EMERGENCY MEDICAL FORM

Student Name _____ Grade _____

Address _____ City _____ State _____ Zip _____

Father's Name _____

*Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name _____

*Home Phone _____ Cell Phone _____ Work Phone _____

Known Medical Conditions _____

Medications _____

INSURANCE INFORMATION:

Company Name _____ Policy # _____

Hospital Preference _____ Physician _____

EMERGENCY CONTACT INFORMATION:

First Contact Name _____ Relationship _____

*Home Phone _____ Cell Phone _____ Beeper Number _____

Second Contact Name _____ Relationship _____

*Home Phone _____ Cell Phone _____ Beeper Number _____

*Please include any and all phone numbers where you could possibly be reached in case of an emergency.

YOUR CHILD MAY BE GIVEN: (please check all that apply) _____ Ibuprofen (200 mg) How many? _____ Tylenol (500mg) How many? _____
Allergies to foods, insect bite/sting or other substances? Yes/No If yes, please explain w/procedure to follow _____

Allergies to certain drugs? Please explain _____

Susceptible to infections? Yes/No Precautions to be taken _____

Convulsions? Yes/No Procedures to be followed _____

_____ asthma	_____ chicken pox	_____ concussion	_____ fainting	_____ measles
_____ hepatitis	_____ diabetes	_____ heart murmur	_____ epilepsy	_____ headaches
_____ other _____				

Parent(s) legal guardian(s) in compliance with school policy must supply all other medications. (Forms are available in the front office.)
Additional Comments: _____

If emergency service involving medical action or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor selected by the school. This also may include ambulance service.

Father/Guardian Signature _____ Mother/Guardian Signature _____

Date _____

Date _____