

NASHUA CHRISTIAN ACADEMY HEALTH OFFICE EMERGENCY AND INFORMATION UPDATE FORM

Name _____ Date of Birth _____
Last First M.I.

Student Lives With _____ Grade _____

Father's Name _____ Home # _____
Work # _____ Cell# _____ email _____
Father's Address _____

Mother's Name _____ Home # _____
Work# _____ Cell# _____ email _____
Mother's Address _____

List in order of preference, parents and two neighbors or nearby relatives who will assume care of your child in case of illness/accident/inability to pick up by 3:30 PM.

Mother _____ Phone# _____ Father _____ Phone# _____
1. _____ Phone# _____ 2. _____ Phone# _____

Please list any medical conditions or restrictions of which we need to be aware.

Has your child had any of the following?
___ asthma ___ diabetes ___ seizures ___ migraines ___ hearing impairment
___ visual impairment ___ cerebral palsy ___ headaches

Does your child wear glasses, hearing aides or other appliances? Yes No If Yes, Please list:

Has you child had surgery? Yes No If yes, what type? _____

Is your child taking any medications? Yes _____ No _____ Please
List _____

PLEASE NOTE: No prescription medicine may be administered to your child without a written doctor's note, a release form signed by a parent/guardian and on file in the office, and the medication in the original container.

(OVER)

In the event of your absence or unavailability please list your preferences for the following:

Hospital _____ phone _____
Primary Care Physician _____ phone _____
Dentist _____ phone _____
Orthodontist _____ phone _____
Health Insurance Company: _____
Group# _____ Individual # _____

Note any allergies your child has: Food, Insect, Medication, Other. Describe the reaction they experience. _____

Are there any significant changes or recent events of which we should be aware?

Please list any dismissal restrictions (ex. Restraining order, divorce, custody):

Parent/Legal Guardian Permission to Release and Exchange Confidential Information:

In order to provide a safe learning environment and to best meet the needs of your child _____ (name), it may be necessary to exchange health information with other school-based personnel who also care for your child. Only information that is necessary to provide Medical and Educational and Guidance services for your child will be released. This agreement will expire on July 1, 2008.

Consent: _____
Signature of parent/guardian date

Parent/Legal Guardian Permission for treatment:

As the parent/guardian of _____ (name), I hereby authorize Nashua Christian Academy to obtain medical diagnosis/treatment for my child in my absence. This authorization is given with the understanding that the school will make a reasonable effort to contact me. It is not, however, my desire that an inability to contact me delay such treatment. This agreement will expire on July 1, 2008.

Consent: _____
Signature of parent/guardian date