



EMERGENCY INFORMATION AND CONSENT OF TREATMENT

Fort Collins Christian School

Child's Name: _____ **Sex:** _____ **Date of Birth:** _____

Physical Deficiencies: Hearing () Heart () Sight () Speech () Other ()

Allergies/Reactions: _____

Health History (Chronic or recurring issues):

Ear Infections _____ Asthma: _____

Diabetes: _____ Nosebleeds: _____

Heart Disease/defect _____ Measles: _____

Convulsions/Seizures: _____ Chicken Pox: _____

Flu or Flu shot: _____ Mumps: _____

Operations or serious injuries (dates) _____

Is the child on any medications? (Explain) _____

Dietary limitations: _____

Are there any activities that you prefer that your child NOT participate in?

If so please list: _____

Person to be notified in case of an accident: _____ **Phone:** _____

If the school cannot contact parents, name a friend or relative who may be called upon if the child is ill. Please name a doctor and a dentist the school may call.

Friend or Relative	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone

Hospital Preference: _____

Insurance/Health Care Information: _____

Authorization for Emergency Medical Care and Transportation:

In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, including transport to the nearest care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signatures:

_____ Date: _____

_____ Date: _____