

**Foundations Christian Preschool & Kindergarten
And
CALVARY BAPTIST SCHOOL**

Emergency Information and Treatment Release

FAMILY INFORMATION			
Last Name of Child:	First Name:	Middle	Date of Birth:
Address:			Home Phone:
Father's Name:	Work Phone:		Father's Cell:
Mother's Name:	Work Phone:		Mother's Cell:
Who would you like contacted first in the event of illness or injury?			

MEDICAL INFORMATION		
Student's Primary Care Physician (PCP):	Physician Phone:	
Student's Dentist	Dentist Phone:	
Specify special health conditions of student (i.e. Asthma, seizure history, etc.) or any special required care needed.		
Medical Allergies:	Chronic Illness:	Other:
Does your child have an epi pen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>New written doctor's orders/action plan and new epi pen must be submitted to the school staff nurse by Orientation</i>		Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>New written doctor's orders/action plan and new inhaler must be submitted to the school staff nurse by Orientation</i>

MEDICATION AUTHORIZATION	
I authorize Calvary Baptist School to administer an age-appropriate dosage of the following medications as needed to my child. Please check "Yes" or "No" for each item below:	
Ibuprofen (grades 6-12) <input type="checkbox"/> Yes <input type="checkbox"/> No	Chewable Antacid (age 12-grade 12) <input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen (i.e. Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl (age 6-grade 12) <input type="checkbox"/> Yes <input type="checkbox"/> No
Kaopectate (age 12-grade 12) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mylanta (age 12-grade 12) <input type="checkbox"/> Yes <input type="checkbox"/> No
Itch cream ie hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: Any medication (prescription or over-the-counter) to be given during school hours must be delivered by a parent/guardian to the school office. Medication must be in original packaging and must include a note identifying the drug, dosage, and time to be administered. The note must also be signed and dated by a parent/guardian or the student's PCP. Any medication (prescription or over-the-counter to be given long term (over 3 weeks) must be accompanied by a note from the student's PCP.	

LOCAL EMERGENCY CONTACTS	
List two responsible adults who in the case of an emergency will assume responsibility for your child if parents/guardians cannot be reached. Must be someone other than parents.	
Name/relationship:	Daytime Phone:
Name/relationship:	Daytime Phone:

Parent/Guardian Signature

Date