

Nampa Christian Emergency / Medical Information Form 2011-2012

STUDENT'S NAME (LAST, FIRST)	GRADE	BIRTH DATE	Tylenol Y/N	Ibuprofen Y/N

Please communication with the School Nurse any health issues that may be a cause for concern at school.

PARENT INFORMATION

Father's Name	Mother's Name
Street Address	Street Address
City, State, Zip Phone	City, State, Zip Phone
Cell	Cell
Employer's Name & Address	Employer's Name & Address
Phone	Phone
E-mail	E- mail

STUDENT LIVES WITH:

- BOTH PARENTS
- FATHER
- MOTHER
- OTHER: _____

EMERGENCY CONTACTS

Name	Relationship	Phone and / or Cell
Name	Relationship	Phone and / or Cell

PHYSICIAN / DENTIST / INSURANCE INFORMATION

PHYSICIAN	Address	Phone
DENTIST	Address	Phone
INSURANCE COMPANY	Policyholder's Name	Policy Number

MEDICAL INFORMATION - * Mark box if student participates in athletics.

Student	*	Allergies	Medical Conditions

In the event our child(ren) become(s) ill or sustains injury while in the care of Nampa Christian Schools and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires.

Because NCS cannot give any medication to students without proper authorization from parent, and only within the guidelines of the Medication Administration Policy, we give/deny permission for our child to receive Acetaminophen (Tylenol) or Ibuprofen at the discretion of the NCS Nurse or appropriate school personnel as indicated above.

Signature

Date