

Emmanuel Christian School

I. Medical Record

Child's Name _____ Birthdate _____

Parent/Guardian _____ Phone _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Immunization/Disease Record: Please submit a copy of your child's immunization record or you can submit the immunization record and we will copy your child's record and return it to you.

FOOD & Other ALLERGIES:

Dietary restrictions: _____

Serious Illness or Operation: _____

Any special health problems? If so, please describe _____

Is your child receiving any special services? Ie. Speech, first steps, etc. YES or NO

What services? _____

II. Medical Consent

In the event that our child, _____ becomes ill or sustains an injury while attending the Emmanuel Christian School Program, I, the undersigned, give permission to those in charge to administer First Aid.

I also consent to an X-ray, examination, anesthetic, medical (or dental or surgical) diagnosis and treatment and hospital care and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I do understand that this consent will apply to all emergency situations, present and future and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

Insurance Company Name: _____ Policy/Group# _____

Insured's Name _____ Insured's Phone# _____

Date _____ Parent/Guardian _____

(Signature)

Parent/Guardian Name _____

(Print)
