GREATER PORTLAND CHRISTIAN SCHOOL

Health Information & Emergency Authorization

Complete only 1 form per family.

For School Year:_____

Dear Parent: This form is updated annually. Please be sure to sign on page two. This form is copied and provided to school employees/ volunteers as appropriate. You may complete 1 form per child if you do not want the info for all your children distributed to multiple individuals. Any students with asthma or allergies must submit an action plan prior to students attending class. Thank you!

STUDENT HEALTH INFORMATION: *Please use additional paper if needed for explanations.*

1. Student: _____ Birth Date:_____ Grade:_____

- Any **emergency** health conditions? ☐ Asthma* ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other:_____
- Any **life-threatening** allergies?* ☐ Foods_____ ☐ Meds: _____
  ☐ Stings_____ ☐ Other:_____
- **Epi-pen** at school? ☐ Yes ☐ No ■ **Inhaler** at school? ☐ Yes ☐ No

2. Student: _____ Birth Date:_____ Grade:_____

- Any **emergency** health conditions? ☐ Asthma* ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other:_____
- Any **life-threatening** allergies?* ☐ Foods_____ ☐ Meds: _____
  ☐ Stings_____ ☐ Other:_____
- **Epi-pen** at school? ☐ Yes ☐ No ■ **Inhaler** at school? ☐ Yes ☐ No

3. Student: _____ Birth Date:_____ Grade:_____

- Any **emergency** health conditions? ☐ Asthma* ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other:_____
- Any **life-threatening** allergies?* ☐ Foods_____ ☐ Meds: _____
  ☐ Stings_____ ☐ Other:_____
- **Epi-pen** at school? ☐ Yes ☐ No ■ **Inhaler** at school? ☐ Yes ☐ No

4. Student: _____ Birth Date:_____ Grade:_____

- Any **emergency** health conditions? ☐ Asthma* ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other:_____
- Any **life-threatening** allergies?* ☐ Foods_____ ☐ Meds: _____
  ☐ Stings_____ ☐ Other:_____
- **Epi-pen** at school? ☐ Yes ☐ No ■ **Inhaler** at school? ☐ Yes ☐ No

5. Student: _____ Birth Date:_____ Grade:_____

- Any **emergency** health conditions? ☐ Asthma* ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ Other:_____
- Any **life-threatening** allergies?* ☐ Foods_____ ☐ Meds: _____
  ☐ Stings_____ ☐ Other:_____
- **Epi-pen** at school? ☐ Yes ☐ No ■ **Inhaler** at school? ☐ Yes ☐ No

Any students with asthma or allergies must submit an action plan prior to students attending class.

SIGNIFICANT HEALTH HISTORY OR RESTRICTIONS: *Please explain any medical issues/restrictions which affect your child's life at home or school:*

_____

_____

_____

Greater Portland Christian School, 1338 Broadway, South Portland, ME 04106
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(over)

FAMILY CONTACT INFORMATION

Home Address_____ Home #_____

Father/Guardian_____ Home # (if different from student)_____

Address (if different from student) _____

Employer _____ Work #_____ Cell #_____

Mother/Guardian_____ Home # (if different from student)_____

Address (if different from student) _____

Employer _____ Work # _____ Cell #_____

EMERGENCY CONTACT INFORMATION

Please list two persons to contact in case parents are unavailable during emergency:

Emergency Contact 1	Phone	Relationship
Emergency Contact 2	Phone	Relationship
Physician	Phone	
Dentist	Phone	
Preferred Hospital		Location
Insurance Carrier	ID/Policy #	Group #
Insurance Subscriber's Name	**Business Name**	
Pastor	Church	Pastor's Phone #

MEDICAL EMERGENCY PROCEDURE

In emergency situations, first aid treatment will be administered as possible, and school personnel will make a decision whether to call 911 for emergency assistance. The school will make every reasonable attempt to contact the parents (and/or the emergency contacts listed by parents on this form) at the earliest possible opportunity. A representative of the school will stay with the child until the parent assumes responsibility. Greater Portland Christian School does not assume responsibility for the payment of any fees or costs incurred in connection with an injury/illness, including hospital, doctor, ambulance, or transportation fees.

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned parent or legal guardian of the minor(s) listed above, consent for my child(ren) to be treated according to the Medical Emergency Procedure described above. In the event I am not present, I hereby give my consent for all medical care prescribed by medical personnel for the benefit of my child(ren). This care may be given under whatever conditions are necessary to attempt to preserve the life, limb, or well-being of my dependent(s). I also authorize release of information on this form to any designated persons including but not limited to coaches, athletic trainers, field trip chaperones, health insurance companies, and health care providers as needed in an emergency. I acknowledge that this form will be copied (placed in a non-revealing envelope/binder to assure confidentiality) for the purpose of providing availability of information when the student is off campus for field trips, athletic events, or other school-related activities. The original is stored in the Main Office with copies stored as indicated above.

Parent's/Guardian's Signature	Print Name	Date
Parent's/Guardian's Signature	Print Name	Date