

GREATER PORTLAND CHRISTIAN SCHOOL

Health Information & Emergency Authorization

Complete only 1 form per family.

For School Year:

Dear Parent: This form is updated annually. <u>Please be sure to sign on page two</u>. 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 <u>an action plan</u> 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 healt	h conditions	? 🗆 Asthma*	🗆 Diabetes 🛛 Seizures	□ Heart Condition	D Other:	
■ Any life-threatening allergies?* □ Foods					🗆 Meds:	
		\Box Stings				
■ Epi-pen at school?	🗆 Yes	□ No	□ Inhaler at school?	🗆 Yes 🗆 No		
2. Student:					Birth Date:	Grade:
Any emergency healt	h conditions	? 🗆 Asthma*	🗆 Diabetes 🛛 Seizures	Heart Condition	D Other:	
Any life-threatening allergies?* 🗖 Foods					🗆 Meds:	
		\Box Stings			D Other:	
■ Epi-pen at school?	🗆 Yes	□ No	□ Inhaler at school?	🗆 Yes 🗆 No		
3. Student:					Birth Date:	Grade:
Any emergency healt	h conditions	? 🗆 Asthma*	🗆 Diabetes 🛛 Seizures	Heart Condition	D Other:	
Any life-threatening	allergies?*	□ Foods			🗆 Meds:	
		\Box Stings			D Other:	
■ Epi-pen at school?	🗆 Yes	□ No	□ Inhaler at school?	🗆 Yes 🗆 No		
4. Student:					Birth Date:	Grade:
Any emergency healt	h conditions	? 🗆 Asthma*	🗆 Diabetes 🛛 Seizures	□ Heart Condition	D Other:	
Any life-threatening	allergies?*	□ Foods			🗆 Meds:	
		\Box Stings			D 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				D Other:		
Any life-threatening	allergies?*	□ Foods			🗆 Meds:	
		\Box Stings				
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:

FAMILY CONTACT INFORMATION

Home Address	_ City	State Zip Code
Father/Guardian	Cell #	Work #
Address (if different from student)		
Occupation	Employer	
Mother/Guardian	Cell #	Work #
Address (if different from student)		
Occupation	Employer	

EMERGENCY CONTACT INFORMATION Please list two persons to contact in case parents are unavailable during an 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 Name **Business Name**

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. If I complete this form electronically and type my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Parent/Guardian Signature	Print Name	Date
Parent/Guardian Signature	Print Name	Date

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