First Church Christian Academy

Illness and Accident Procedure Card

_____

Student Name- Last, First, Middle Initial Birth Date Age Room #

_____

Street Address Apt. No. Zip Code Home Phone Number

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS CHILD

Mother_____ Home Phone_____

First, Middle, Last

_____ Work Phone_____

Employment Name & Address Cell Phone_____

Father_____ Home Phone_____

First, Middle, Last

_____Work Phone_____

Employment Name & Address Cell Phone_____

Family Doctor_____ Phone_____

This child has a known health condition which may affect him/her Yes_____ No_____

If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this child. Yes____ No____

It is the Responsibility of the parent/guardian to keep this card current.

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS:

1. Serious Illness Yes_____ No_____ If yes, explain_____
   _____
   _____
2. Allergy or Asthma Yes_____ No_____ If yes, explain_____
   _____
   _____
3. Vision Problems Yes_____ No_____ If yes, explain_____
   _____
   _____
4. Hearing Problems Yes_____ No_____ If yes, explain_____
   _____
   _____

PERSONS AUTHORIZED TO TAKE MY CHILD FROM SCHOOL:

_____

Name Relationship Phone Number

_____

Name Relationship Phone Number

_____

Name Relationship Phone Number

Parent or Guardian Signature_____ Date_____

Parent or Guardian Email Address_____