

RIDGWAY CHRISTIAN SCHOOL

STUDENT HEALTH FORM

Student's Name _____

Parent/Guardian Name _____

EMERGENCY CONTACTS

	Home	Cell
Name _____	Phone _____	Phone _____

	Home	Cell
Name _____	Phone _____	Phone _____

MEDICAL INFORMATION

If necessary, should we take your child to the hospital? Yes No

Is the student currently taking any medication? Yes No

List medications currently taking: _____

Does the student have an illness or physical condition of which the school should be aware?

Yes If yes, please identify the problem. _____

No

Does the student have a history of any of the following? Asthma Allergies

Convulsions or seizures Diabetes Heart Disease Kidney Disease

Skin Disorders Ulcers Other; explain _____

Please provide the student's physician or clinic information.

Doctor or Clinic Used _____

Address _____ Phone _____

CONSENT INFORMATION

Part 1

In the event that reasonable attempts to contact me at _____ or

(Phone Number)

_____ at _____ have been unsuccessful, I
(Other Parent or Guardian) (Phone Number)

Hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____
(Preferred Physician)

Or Dr. _____ or (in the event that the preferred practitioner is
(Preferred Dentist)

not available) another licensed physician or dentist; and

2. The transfer of the child to _____ or any hospital reasonably
(Preferred Hospital)
accessible.

(This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the immediate necessity for such surgery are obtained prior to the performance of such surgery.)

Please explain any medical history information (not otherwise listed) to which a physician should be alerted. _____

I have insurance with _____ and insurance numbers are

(Insurance Company)

(Appropriate policy numbers, group numbers, etc. with designations)

(Signature of parent or guardian)

(Date)

Part 2

I do not give consent for emergency medical treatment of my child and want school officials

to take NO action or to _____.

(Signature of parent or guardian)

(Date)