

Student Health Form

Ridgway Christian School

DATE _____

Student's legal name _____
(last) (first) (middle) (name called)

Social Security number _____ Home phone _____
Cell phone _____

Residential address _____
(street number/name) (apt. no.) (city) (zip)

Mailing address _____
(if different from above)

Entry date ____/____/____ Birthdate ____/____/____ Age ____ Grade ____

Parent/guardian name Business phone Employer

In case of an emergency when I cannot be reached at home or work, please call

	Emergency Contact #1	Emergency Contact #2
Name		
Phone		
Cell Phone		
Relationship to student		
Address		

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

Does the student have an illness or physical condition of which the school should be aware? _____ No _____ Yes If yes, please identify the problem. _____

Is the student currently taking any medication? _____ Yes _____ No

If yes, please list the medication(s). _____

Does the student have a history of any of the following? (please check)

____ Diabetes ____ Kidney disease ____ Heart disease ____ Allergies
____ Ulcers ____ Skin disorders ____ Convulsions or seizures ____ Other

Please complete data on back

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Please provide the student's physician or clinic information.

Name _____

Address _____

Phone _____

Consent information

Part 1

In the event that reasonable attempts to contact me at _____ or
(phone)
_____ at _____ have been unsuccessful, I hereby
(other parent/guardian) (phone)
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 not
(preferred dentist)

available) by 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 number(s)
(insurance company)

are _____
(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 with school officials to take NO action or to _____
(explain)

(signature of parent or guardian)

(date)

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