ROCKFORD CHRISTIAN SCHOOL HEALTH SERVICES

Emergency Form Year_____

I. Information:

Student's Name: _____ Birthdate: _____Grade:_____**Home Phone**:_____

Home Address: _____City_____Zip:_____

Adult in Home: _____Relationship:_____Phone:_____Cell:_____

Place of Employment: _____Phone:_____

Adult in Home:_____Relationship:_____Phone:_____Cell:_____

Place of Employment: _____Phone: _____

II. Emergency Contact: List the names of additional adults who will assume responsibility in an emergency and provide transportation for the student if the parent/guardian cannot be reached.

1) Name:_____Phone:_____Cell:_____

2) Name:_____Phone:_____Cell:_____

III. Student's Health History

Food Allergies: Yes No Requires Epi-Pen? Yes No		**Medication (List ALL prescribed or taken a regular basis)**		
Diagnosis of asthma? Does child take asthma medications? List asthma meds child is currently taking	Yes No Yes No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Birth Defects?	Yes No	Hospitalization? When? What for?	Yes No	
Developmental delay?	Yes No	Surgery? When? What for? List all:	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain	Yes No	Serious injury or illness?	Yes No	
Diabetes?	Yes No	TB Skin test positive? (past or present)	Yes No	* If yes, refer to local health Department
Head injury / Concussion / Passed out?	Yes No	TB Disease? (past or present)	Yes No	
Seizures? What are they like?	Yes No	Tobacco use (type, frequency)?	Yes No	
Heart problems/ Shortness of breath?	Yes No	Alcohol/Drug Use?	Yes No	
Heart Murmur?	Yes No	Family history of sudden death before age	Yes No	
Dizziness or chest pain with exercise?	Yes No	Dental Braces Bridge ❑Plate ❑ Other	Yes No	
Eye / Vision problems? _ Glasses ❑ Contacts ❑ Last exam by Dr.		Allergic to any medications? Yes No Name of medications child is allergic to: _____		
Other concerns (crossed eye, drooping lids, squinting)				
Ear / Hearing problems?	Yes No			
Bone / Joint problems / injury / Scoliosis? _____ Other Concerns?	Yes No	Bee sting allergy? Yes No _____ Other allergies?		

In cases of emergency, when neither parent nor family can be reached, my child may be transported to the nearest hospital deemed necessary by the school and/or Para-medicals.

_____ _____

Parent/Guardian Signature Date