

ZANESVILLE COMMUNITY HIGH SCHOOL EMERGENCY INFORMATION CARD

STUDENT'S NAME _____ SS# _____
STREET ADDRESS _____ APT/LOT# _____ BIRTHDATE _____ GENDER _____
CITY _____ COUNTY _____ ZIP _____
MOTHER'S NAME _____ CELL PHONE _____
HOME PHONE _____ WORK PHONE _____
FATHER'S NAME _____ CELL PHONE _____
HOME PHONE _____ WORK PHONE _____
NAME OF LEGAL GUARDIAN _____
WITH WHOM DOES THIS CHILD RESIDE IF DIFFERENT THAN PARENT? _____

CONTACT PERSON IF PARENT IS NOT AVAILABLE:

NAME _____ PHONE _____ RELATIONSHIP _____
NAME _____ PHONE _____ RELATIONSHIP _____
NAME _____ PHONE _____ RELATIONSHIP _____

KNOWN ALLERGIES: _____

HEALTH CONCERNS (Diabetes, Asthma, or etc.) _____
Life Threatening (Circle) **NO** YES --- Needs Immediate treatment: Inhaler _____ EPI Pen _____ Other _____

IF YOU MARK YOUR CHILD HAS ASTHMA OR ALLERY TO SOMETHING THAT REQUIRES TREATMENT THEN YOU MUST PROVIDE THE EPI-PEN OR INHALER FOR THEIR USE AT SCHOOL.

IF YOUR CHILD USES AN INHALER OR EPIPEN THEY MUST HAVE A MEDICAL SLIP FILLED OUT BY THE DOCITOR ON FILE WITH THE OFFICE.

CURRENT MEDICATIONS:

Please list any medication that this student needs to take at school:
Please note that a school medication form must be completed and signed by a physician before medicine may be dispensed at school.

PHYSICAL IMPAIRMENTS: _____

DATE OF LAST TETANUS BOOSTER (if known) _____

I hereby give consent for the following medical care providers and / or hospital to be called:

Preferred physician _____ phone _____
Preferred dentist _____ phone _____
Medical Specialist _____ phone _____

In the event reasonable attempt have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event of designated preferred practitioner is not available, by another licensed physician, or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signature of Legal Guardian _____ **Date** _____

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to **TAKE NO ACTION OR TO** _____

Signature of Legal Guardian _____ **Date** _____