

EMERGENCY CONTACT FORM 2024-2025 SCHOOL YEAR

Grade (2024-25): _____

Student's Name: _____ DOB: ____/____/____

First Middle Last

Present Address: _____ Phone: (____) _____ - _____

City: _____ State: _____ Zip Code: _____

Email: _____

My child may
require the use of:

☐ Epi-Pen

☐ Inhaler

☐ Other: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Fill out if different from above:

Fill out if different from above:

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

E-mail Address: _____

E-mail Address: _____

Occupation:

Occupation:

Employer: _____

Employer: _____

Business Phone: (____) _____ - _____

Business Phone: (____) _____ - _____

School Emergency Authorization Form

I hereby authorize the Rock County Christian School to call an ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified medical professional called by Rock County Christian School may treat and perform whatever medical procedure is necessary for the health and well being of my child.

It is understood that a conscientious effort must be made to notify parents/guardians before such action will be taken.

I hereby consent to have my child participate in field trips and activities supervised by the staff - away from the school grounds.

Your signature grants permission for the additional contacts listed below to remove your child from school if needed for illness or injury. You may also give permission on the day of the incident for others to remove your child.

#1 Primary Contact: _____
(other than parent) Name Home Phone Work Phone Relationship to child

#2 Alternate Contact: _____
(other than parent) Name Home Phone Work Phone Relationship to child

Parent/Guardian Signature

Date

Medication: **I hereby** authorize Rock County Christian School to administer the following non-prescription medication to my child as needed and not to exceed the recommended dosage according to instructions: As a parent or guardian, I understand that I must provide the appropriate medication.

☐ Ibuprofen (i.e. Advil) ☐ Acetaminophen (i.e. Tylenol) ☐ Cough Drops ☐ Antacid (i.e. Tums) ☐ Other: _____

Allergies: Rock County Christian School needs to be aware of the following items that my child is allergic to:

Parent/Guardian Signature: _____ Date: _____

In case of medical emergency 911 will be called