



EMERGENCY MEDICAL FORM

Information:

Student's Name

Home Phone Number

Date of Birth

Social Security Number

Address

Please list any allergies your child has had

Please list any diseases your child has had

Please check if your child is subject to: ☐ Asthma ☐ Earache ☐ Hay Fever ☐ Bronchitis ☐ Other

Please specify

Please list any medications your child takes regularly

In case of an emergency requiring medical care outside of the school, please indicate the sequence in which you would like us to contact you.

☐

Contact father

Phone Number

☐

Contact mother

Phone Number

☐

Contact personal physician

Phone Number

Name

☐

Take child to nearest hospital

☐

Take child to _____ Hospital

City

☐

Other procedure

In case of surgical emergency, I understand that every effort will be made to contact the parent(s) or the guardian(s) of the student. In the event that I cannot be reached, I hereby give permission to the physician selected by the Somerset Bible Baptist Christian Academy Administrator to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child. I also affirm that the medical information stated in this form is complete and accurate.

Father's Signature

Date

Mother's Signature

Date