

**Catalina Foothills Church Schools**  
**EMERGENCY MEDICAL FORM 2010-2011**

\_\_\_\_\_ Cornerstone Christian Academy

\_\_\_\_\_ Pusch Ridge Christian Academy

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

**INSURANCE INFORMATION:**

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parents/guardians):**

First Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Second Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check any of the following your child may be given at school \_\_\_\_\_ Ibuprofen (200 mg) How many? \_\_\_\_\_  
\_\_\_\_\_ Tylenol (500mg) How many? \_\_\_\_\_

Allergies to foods, insect bites/stings or other items? Yes No If yes, please explain w/procedure to follow:

\_\_\_\_\_

Allergies to certain drugs? Please explain.

\_\_\_\_\_

Susceptible to infections? Yes No Precautions to be taken.

\_\_\_\_\_

Convulsions? Yes No Procedures to be followed.

\_\_\_\_\_

_____ asthma	_____ chicken pox	_____ concussion	_____ fainting	_____ measles
_____ hepatitis	_____ diabetes	_____ heart murmur	_____ epilepsy	_____ headaches
_____ other	_____			

Parent(s) legal guardian(s) in compliance with school policy must supply all other medications. (Forms are available in the school office.) Additional Comments: \_\_\_\_\_

If emergency service involving medical action and/or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to receive medical care by a doctor selected by the school. This also may include ambulance service.

Father/Guardian Signature \_\_\_\_\_ Mother/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_