

SUMTER CHRISTIAN SCHOOL
Emergency Contact Report

Student name _____ Grade _____

Address _____ Home phone _____

Parent #1 _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

Contact #4 _____

Relationship _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

Parent #2 _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

Contact #5 _____

Relationship _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

Contact #3 _____

Relationship _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

Contact #6 _____

Relationship _____

Address _____

Home phone _____

Work phone _____

Cellular phone _____

Beeper _____

May pick up student from school YES NO

MEDICAL HISTORY

In the event of emergency treatment, this form will be submitted to the attending physician.

Please list the month and year your child had chicken pox:

Please list other childhood illnesses and other sicknesses your child has had:

Please list any medication your child has used and indicate any currently taking:

Please list any surgery (with approximate dates) your child has undergone:

Please list any medications to which your child is allergic, including penicillin, aspirin, etc.:

Please list any special conditions we should watch for, such as fainting, asthma, racing heartbeat, reaction to bee sting, etc.

Please list any seizures your child has had, with approximate last date:

Understanding that treatment for my child will assume the above information is complete and accurate, I have submitted this form as his Medical History. If the school is unable to contact me, I give permission for medical treatment to be administered to my child.

Parent's signature _____ Date _____