

# Nampa Christian Emergency/Medical Information Form 2017-2018

STUDENT'S NAME (LAST, FIRST)	GRADE	BIRTHDATE	TYLENOL Y/N	IBUPROFEN Y/N	TUMS Y/N

**PARENT INFORMATION**

Father's Name	Mother's Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone / Cell	Phone / Cell
Employer's Name	Employer's Name
Phone	Phone
E-mail	E-mail

**STUDENT LIVES WITH:**    Both Parents         Father         Mother         Other: \_\_\_\_\_

**PERSONS APPROVED FOR STUDENT PICK-UP (Elementary):** \_\_\_\_\_

**EMERGENCY CONTACTS (other than parents)**

Name	Relationship	Phone
Name	Relationship	Phone

**MEDICAL INFORMATION – MARK BOX (✓) IF STUDENT PARTICIPATES IN ATHLETICS**

Student	✓	Allergies & Severity	Medical Conditions	Home Medications

**Please communicate with the school nurse any health issues that may be a cause for concern or treatment at school.**

In the event our child(ren) become(s) ill or sustains injury while in the care of Nampa Christian Schools and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires.

Because NCS cannot give any medications to students without proper authorization from a parent, and only within the guidelines of the Medication Administration Policy, we \_\_\_\_\_ permission for our child to receive Acetaminophen (Tylenol), Ibuprofen, or Antacid (TUMS) as indicated above at the discretion of the NCS nurse or appropriate school personnel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_