WARREN COUNTY CHRISTIAN SCHOOL
EMERGENCY HEALTH CARD 2009-2010

(To be completed by a parent/guardian)
PLEASE PRINT

_____

Student's Last name First name Date of Birth

Address:_____

Father's name:_____ Home/cell Phone: _____

Place of Employment: _____Work Phone: _____

Mother's name:_____ Home/cell Phone: _____

Place of Employment: _____Work Phone: _____

PREFERRED FIRST & SECOND CONTACT NUMBERS IN CASE OF SCHOOL-WIDE EMERGENCY DURING SCHOOL HOURS:

1) _____ 2) _____

If parents cannot be reached in case of illness or injury, whom shall we call?

Name:_____ Relationship to child: _____

Address: _____Phone/cell: _____

Name: _____ Relationship to child: _____

Address: _____Phone/cell: _____

In case of emergency, do you approve of using a hospital emergency room? __yes __no
If no, what are your wishes? _____
_____

Signature of parent/guardian _____

Please list serious illnesses, operations, allergies, or conditions affecting participation in activities at school:
_____
_____
_____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____