



**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: _____