

EPWORTH CHRISTIAN SCHOOL
Student Information/Emergency Card 2024-2025

Grade: _____ Age: _____ Date of Birth: _____ Homeroom/Teacher: _____

Student Name: _____ Address: _____

PARENT/GUARDIAN INFORMATION	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Place of Employment: _____ Hours: _____	Place of Employment: _____ Hours: _____
Work Phone: _____	Work Phone: _____

If Parents/Guardians cannot be reached call:

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Indicate student's medical conditions: _____

Student is allergic to: Medications: _____ **Foods:** _____

Latex: _____ **Environment (insect bites or stings/pollen/etc.):** _____

Other: _____

Medical Insurance: _____ Certificate/Policy/ID #: _____ Group #: _____

The purpose of this form is to provide the school with information to be used for the care of a student who becomes sick or injured at school. This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

School Procedures for Emergency Medical Care:

ECS has adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured while at school. In extreme emergencies ECS will seek immediate medical care:

1. The school will contact the parents/guardians utilizing all numbers available listed on this emergency card.
2. If parents/guardians cannot be reached, the school will call the other numbers listed on this emergency card.
3. If none of the above answer, the school will call emergency medical services/transport services (911) if medically necessary.
4. Based on the medical judgement of the attending physician, the student may be admitted to a local medical facility.
5. The school will continue to call the parents/guardians until one is reached.

In the event my child suffers a life or limb suffering injury, I authorize ECS personnel to implement a local emergency plan (911) prior to contacting me or following the prescribed steps listed above.

If I cannot be reached and the school has followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I release ECS and its Board and Employees from all liabilities and expenses in connection with the above activities and instructions, and hold them harmless from any injury or damage caused to my child. I hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

By signing this form, I acknowledge understanding the purpose of this form and attest to the accuracy of the information.

Parent/guardian Signature _____ Date _____