



# Student Medical Emergency Information

Each student enrolled at Traders Point Christian Academy must have this signed release form on file.

**Student's Legal Name** \_\_\_\_\_ **Grade for 2007-2008** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

<b>Local Emergency Contacts:</b>		
Name & Relationship to Student	Phone Numbers	
1. Parent/Guardian	Cell: Work:	Home: Other:
2. Parent/Guardian	Cell: Work:	Home: Other:
3.	Cell: Work:	Home: Other:
4.	Cell: Work:	Home: Other:

**Name of family doctor** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Name of student's dentist** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Preferred hospital** \_\_\_\_\_ **Date of last tetanus shot** \_\_\_\_\_

**Allergies** Yes No If yes, please explain what type of allergies and what precautions need to be taken while at school: \_\_\_\_\_

**Chronic Health Problems** (please circle all that apply): Heart Condition    Ear Aches    Head Aches    Colds  
Hay Fever    Asthma    Diabetes    Epilepsy    Other chronic problems: \_\_\_\_\_

If you circled any of the above, please explain: \_\_\_\_\_

**List Medications This Student Is Currently Taking:**

Name	Dosage	Times Taken	Prescribed By	Purpose

In case of an emergency involving your child, it is the policy of TPCA to render first aid treatment while contacting parents/guardians for further instructions. In the event that the parents/guardians cannot be contacted, designated employees of TPCA will see that the child is transported to the nearest clinic or hospital (unless indicated otherwise below). Once there, the employee will authorize medical treatments or procedures that, in the opinion of the attending physician, are necessary for the child's safety. (e.g. x-rays, anesthetic, medical or surgical diagnosis or treatment). This step will be taken only after all emergency contacts have been exhausted or if the school has received no instructions in a reasonable amount of time.

Information on this form may be shared with the appropriate TPCA and EMS personnel for health and emergency purposes.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date