

## Emergency Information Sheet

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad's work \_\_\_\_\_ Dad's cell \_\_\_\_\_

Mom's work \_\_\_\_\_ Mom's cell \_\_\_\_\_

**MEDICAL HISTORY - Attach copy of any relevant medical information we might need. If a returning student, please attach copies of all updated medical information we might need.**

Hospitalization History \_\_\_\_\_

Physical Handicap \_\_\_\_\_

Is child under ongoing care of physician? \_\_\_\_\_ Reason \_\_\_\_\_

Present illnesses, allergies \_\_\_\_\_

Is child on prescribed medication? \_\_\_ Yes \_\_\_ No If yes, name of medication and reason prescribed. \_\_\_

### EMERGENCY CARE INFORMATION

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

### **If parents or guardians cannot be reached, call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**JCA may authorize the physician of its choice to provide emergency medical care in the event that neither we nor our family physician can be contacted immediately. JCA will use The Fairbury Clinic or Jefferson Community Health Center for emergency purposes.**

\_\_\_\_\_  
Parent's/Guardian's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_