

Appendix C

Johnson-Williams Middle School Emergency Care Information

*In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.*

STUDENT NAME	School _____
Last _____	Date of Birth ____/____/____ Sex: Male or Female
First _____ Middle _____	Grade _____

FATHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____
MOTHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____
LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

Student resides with FATHER MOTHER BOTH LEGAL GUARDIAN

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED:

1.	Name _____	Relationship _____	Telephone _____
2.	Name _____	Relationship _____	Telephone _____

ADDITIONAL INFORMATION

Name of Student's Physician _____	Physician's Telephone # _____
Name of Health Insurance Company _____	Policy/Group/Employee Number or HMO # _____
Insurance Company's Telephone # _____	

MEDICAL INFORMATION (Check all that are applicable)

<input type="checkbox"/> Allergies, Be Specific _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Medicine _____ <input type="checkbox"/> Bee or Insect Allergy _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Digestive, Be Specific _____ <input type="checkbox"/> Hearing _____	<input type="checkbox"/> Heart Problems, Be Specific _____ <input type="checkbox"/> Hemophilia _____ <input type="checkbox"/> Physical Disability, Be Specific _____ <input type="checkbox"/> Respiratory Disability, Be Specific _____ <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Other, Please List _____
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List all medical conditions for which your child receives continual care: _____

List all medications and dosages your child receives on a continual basis: _____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, where the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child. YES NO

Student Information Release: The school has my permission to use my child's name, stats, athletic team information and photo on the school website, emails or information submitted to the press. Please answer yes or no and sign below. YES NO

By signing below, I certify that the above information is correct.

Signature of Parent/Legal Guardian: _____ Date: _____