

**NORTHWEST CHRISTIAN SCHOOL**

16401 N. 43<sup>rd</sup> Avenue - Phoenix, AZ 85053

PHONE: (602) 978-5134 FAX: (602) 978-5804

Please print, using **BLACK OR BLUE INK** only:

Student's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY FORM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_

Father/Stepfather's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Mother/Stepmother's Name: \_\_\_\_\_

\_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**\* Call first: Father or Mother (circle one)**

Name of Student's Doctor: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

Cell/Pager: (\_\_\_\_) \_\_\_\_\_ Cell/Pager: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance \_\_\_\_\_ Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY**

**PAST/PRESENT ILLNESS OR DISEASE: List date**

- |                   |                      |                               |
|-------------------|----------------------|-------------------------------|
| _____ Allergies   | _____ Fainting       | Kidney Problems               |
| _____ Asthma      | _____ Headaches      | Tuberculosis                  |
| _____ Chicken Pox | _____ Heart Problems | Valley Fever                  |
| _____ Diabetes    | _____ Hepatitis      | Major Surgery (specify) _____ |

\_\_\_\_\_ Epilepsy                      \_\_\_\_\_ HIV Positive                      Other (specify) \_\_\_\_\_

**ALLERGIES:**

- Is your child allergic to any medications?  Yes  No If yes, specify which medications (i.e. Penicillin, Cortisone Cream 1%, Neosporin, etc.) and allergic reaction seen: \_\_\_\_\_  
\_\_\_\_\_
- Is your child allergic to any type of food, insect bites/stings, or any other substance?  Yes  No If yes, specify what to avoid and procedure to follow if reaction occurs: \_\_\_\_\_  
\_\_\_\_\_

**\* If medication is required for an allergic reaction, the medication must be given to the Nurse's Office by the first day of school.**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

- Are there any physical, emotional or mental conditions that we should be aware of?  Yes  No If yes, what special needs should we be sensitive to in relation to your student? \_\_\_\_\_  
\_\_\_\_\_

- LIMITED ACTIVITIES: (specify)  
\_\_\_\_\_  
\_\_\_\_\_

- CURRENT MEDICATION: (specify)  
\_\_\_\_\_  
\_\_\_\_\_

- DATE OF LAST: Physical \_\_\_\_\_ Tetanus Shot (**DATE MUST BE FILLED IN**) \_\_\_\_\_  
(Mandatory)  
Eye Exam \_\_\_\_\_ Hearing Test \_\_\_\_\_

- ADDITIONAL COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR AND DISCLOSURE PERMISSION**

In case of injury or sudden illness, I, \_\_\_\_\_, hereby give  
(Parent/Guardian's name – please print legibly)  
authority to any hospital or doctor to render immediate emergency aid as might be required for my student's health and safety. I understand that the expense of these services, which may include ambulance service, will be borne by me. I understand the school will attempt to reach me as soon as possible.

I give permission to Northwest Christian School to use and disclose this health information only if my student requires emergency care or if Northwest Christian School needs to notify persons listed for my child's care. Information will only be disclosed to individuals serving in a supervisory capacity (i.e. teacher, field trip driver, athletic coach, extended care provider, etc.) for the care of my student. Every effort will be made to maintain the privacy of health information.

This authorization shall remain effective through July 31, 2021, unless it is revoked sooner in writing by myself and delivered to Northwest Christian School.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Revised 12/21/18