



**OAKS CHRISTIAN SCHOOL  
2017 EMERGENCY AND MEDICAL AUTHORIZATION FORM  
EFFECTIVE FOR 1 YEAR FROM DATE OF EXECUTION**

**Student may NOT begin summer programs without an Emergency Information Agreement/Medical Authorization Form on file.**

<b>Student's Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>		<b>Gender:</b>		<b>Grade in Aug. 2017</b>	
<b>Date of Birth:</b> / /		<b>Age:</b>		<b>Student's Cell Phone:</b>		<b>Soccer Camp(s) in summer:</b>			
PLEASE <input checked="" type="checkbox"/> <b>STUDENT LIVES WITH:</b> <input type="checkbox"/> <b>BOTH PARENTS</b> <input type="checkbox"/> <b>MOTHER</b> % <input type="checkbox"/> <b>FATHER</b> % <input type="checkbox"/> <b>OTHER</b> %									
<b>PARENT/GUARDIAN 1</b>					<b>PARENT/GUARDIAN 2</b>				
<i>Mr., Mrs., Ms., Dr. (Please Circle One)</i> First and Last Name:					<i>Mr., Mrs., Ms., Dr. (Please Circle One)</i> First and Last Name:				
Relationship to Student:					Relationship to Student:				
Home Address:					Home Address:				
City, State, Zip:					City, State, Zip:				
E-Mail:					E-Mail:				
Home Phone:			Cell Phone/Pager:		Home Phone:			Cell Phone/Pager:	
Business Name & Phone:					Business Name & Phone:				

**EMERGENCY CONTACTS (MUST INCLUDE ONE CONTACT)**

**PLEASE LIST THREE LOCAL PEOPLE (OTHER THAN PARENT OR GUARDIAN) AS EMERGENCY CONTACTS:**

<b>Contact 1 Name:</b>			<b>Relationship to Student:</b>			<b>Home Phone:</b>		
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Phone:			Cell Phone/Pager:		
<b>Contact 2 Name:</b>			<b>Relationship to Student:</b>			<b>Home Phone:</b>		
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Phone:			Cell Phone/Pager:		
<b>Contact 3 Name:</b>			<b>Relationship to Student:</b>			<b>Home Phone:</b>		
Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No			Work Phone:			Cell Phone/Pager:		
<b>If possible, please list an out-of-state contact (for use in case of disruption of local phone lines):</b>								
<b>Name/Relationship to Student:</b>			<b>Home Phone:</b>			<b>Cell Phone/Pager:</b>		
<b>City/State:</b>			<b>Work Phone:</b>					

**MEDICAL CONTACTS**

<b>Physician's Name:</b>		<b>City:</b>		<b>Phone:</b>		<b>Date of last exam:</b>	
<b>Dentist:</b>		<b>City:</b>		<b>Phone:</b>		<b>Date of last exam:</b>	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No		Drugs, food, medications, etc.?					
Comments:							
Other Medical conditions or surgeries: <input type="checkbox"/> Yes <input type="checkbox"/> No				Describe:		Treatment:	
Does child have hearing difficulty? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child wear: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Brace <input type="checkbox"/> Prosthesis					
Date of Last Tetanus:							

**NON-PRESCRIPTION MEDICATION:**

PLEASE CHECK  **THE APPROPRIATE BOX(ES)**     Acetaminophen (Tylenol)     Ibuprofen (Advil, Motrin)     Diphenhydramine HCL (Bendryl)     Antacids (Tums, Mylanta)

**PRESCRIPTION MEDICATION:**

PLEASE LIST ALL CURRENT MEDICATION AND REASONS FOR TAKING:

	<b>TAKEN AT HOME?</b>	<b>TAKEN AT SCHOOL?</b>	<b>EMERGENCY ONLY</b>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**OPTION ONE:** Oaks Christian School is authorized to administer the above medications/remedies to my child. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication/remedies or with any changes to the information provided on this form. I understand that the school will have limited liability while administering medication.

**OPTION TWO:** Oaks Christian School is NOT authorized to administer any medication without parent or guardian consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(PLEASE CONTINUE ON THE BACK OF THIS FORM.)**

