

Emergency Medical Information Form - (Please print legibly)

Jefferson County Christian School-125 Fernwood Rd, Wintersville, OH 43953-Phone #-740.275.4326-Fax #-740.275.4296

Student's Name _____ Grade _____
 Address _____ City _____ State _____ Zip Code _____
 Birthdate _____ Telephone Number _____

Primary Contact _____ Relationship _____
 Phone Number _____ Employer _____
 Work Phone _____

Secondary Contact _____ Relationship _____
 Phone Number _____ Employer _____
 Work Phone _____

Other phone numbers where parent/guardian can be reached:
 Mom's Cell Number: _____ Dad's Cell Number: _____

Physician's Name _____ Dentist's Name _____
 Phone _____ Phone _____

In case of an emergency and parent/guardian cannot be reached, please contact one of the following persons listed below

First Contact: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Relationship to Child _____	Second Contact: _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Relationship to Child _____
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IMPORTANT:

<input type="checkbox"/> Allergies _____ _____ <input type="checkbox"/> Medications _____ _____	<input type="checkbox"/> Physical impairments _____ _____ <input type="checkbox"/> Other _____ (information to which a physician should be alerted)
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Please use the back of this form if needed.

*I understand that this form will stay on file at JCCS during the current school year. By signing in one of the two spaces below, I am stating that everything in this form is correct and any changes that are made must be in writing. A new emergency form must be completed in order for a student to begin each new school year. **Please sign in one of the two spaces provided below:***

PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for: (1) the administration of any needed treatment deemed necessary by the named physicians, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of my child to (preferred hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Signed _____ Date _____

REFUSAL TO GRANT PERMISSION TO TRANSPORT AND OBTAIN TREATMENT

I DO NOT give permission to transport my child for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical or dental treatment, I wish JCCS to take the following actions: (You may use the back of this form to provide the necessary information).

Signed _____ Date _____

Please See Back-More Information Needed

Student Pick Up Authorization and Contact Form

In an effort to protect our students, we are asking that you let us know, in advance, who has your permission, other than you, to pick up your child at the end of the school day. You may pre-authorize individuals by listing them below. Please let these individuals know that they may be asked to show photo identification if a teacher is unfamiliar with them. Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child unless we have received a prior, written notification from the custodial parents/guardians.

Jefferson County Christian School uses a text alert system to notify parents with important school information such as school closures and other important messages when information needs to be broadcasted quickly. Another resource used to send information is the HeadMaster email system. Please provide contact information for those who need to receive school email notifications and text alerts.

Student Name: _____

Last
First
Middle Initial
Grade

Custodial Parents/Guardians: _____

Name	Relationship	Authorized to Pick-up Circle One	Text Alert Provide Cell # ONLY if want them receive Text Alert	Email Notifications- Provide Email ONLY if want them to receive emails
Mother		YES NO		
Father		YES NO		
		YES NO		
		YES NO		
		YES NO		
		YES NO		

Parent's Signature _____ Date _____