

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 _____ M or F
 Address _____ City _____ State _____ Zip Code _____
 Birthdate _____ Telephone Number _____

Primary Contact _____	Secondary Contact _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Number: _____	Cell Number: _____
Email _____	Email _____

3 rd Additional Contact: _____	4 th Additional Contact: _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Relationship to Child _____	Relationship to Child _____

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

IMPORTANT:

Allergies _____

Medications _____

Students Blood Type (if known): _____

Physical Impairments: _____

Other: _____

(information to which a physician should be alerted)

*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 Only 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 FACTS 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 # <u>ONLY</u> <u>if want them to</u> <u>receive Text Alert</u>	Email Notifications- Provide Email <u>ONLY</u> <u>if want them to</u> <u>receive emails</u>
Mother		YES NO		
Father		YES NO		
		YES NO		

Parent's Signature _____ Date _____