

Kings Christian School, Inc.
900 East D Street
Lemoore, CA 93245
(559) 924-8301 FAX (559) 924-0607

EMERGENCY MEDICAL INFORMATION RELEASE FORM

Student Name(please print): _____ Birth Date: _____
Address: _____ Current Grade: _____
City: _____ State: _____ Zip code: _____
Parents E-mail address: _____

Father's Name(please print): _____ Mother's Name: _____
Living in Home: Yes/No Living in Home: Yes/No

Home Tele.#: _____ Home Tele #: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____

My child has an ongoing health problem. Yes/No If yes, please explain: _____

If yes, a special Assessment Tool Form will be sent separately. ANY KNOWN ALLERGIES? Please list:

Does your child have a history of: **Allergies, Chicken Pox, Chronic Asthma, Diabetes, Drug Use, Eye Problems, Epilepsy, Frequent Colds, Hay Fever, Hearing Problems, Heart Condition, Measles, Mumps, Nervous Disorder, Stomach Upsets, Other:** _____. If Yes to any of the above, please explain _____

Does your child carry an inhaler or medication on his/her person? If so, you are **REQUIRED** to fill out a **Authorization for Medications During School Hours Form**.

Does your child wear: Glasses Contacts Hearing Devices

Is your child on any medications Am or Pm? If yes, please list them and list them and dosage: _____

Doctor's Name(print): _____ Telephone: _____

EMERGENCY INFORMATION

Please list two emergency name and numbers we can use in case of an emergency:

Name: _____ **Tele#:** _____ **Cell:** _____

Name: _____ **Tele#:** _____ **Cell:** _____

In the event my child has need for medical treatment where it is outwardly apparent the immediate care is necessary: **CONSENT IS HEREBY GIVEN** to such treatment rendered as deemed necessary by a physician.

Note : If a student becomes unconscious we will call 911. Our highest priority is the care and protection of our students.

Should that happen we are asking the parents to designate which hospital they would like us to transfer the child to: Central Valley__ Hanford Community__ Kaweah Medical Center__ The Children's Hospital__

If there is a life threatening situation the your child will be transported to the nearest hospital and stabilized then you can transport to your hospital of choice

Parent/Guardian (please print)

Signature

Date