

BETHLEHEM LUTHERAN SCHOOL

2100 N. Wadsworth Blvd., Lakewood, CO 80214

School 303-233-0401 Childwatch 303-237-1880 FAX 303-237-4011

STUDENT Medical Information and Emergency Care Sheet

Student's Name _____ Grade _____ Teacher _____ Sex _____

Address, City/Zip _____

Home Phone _____ Date of Birth _____

EMERGENCY CONTACT NUMBERS

Female parent/guardian _____ Home Phone _____ Cell Phone _____

Full Address _____

Employer _____ Work Phone _____ Pager # _____

Employer Address _____

Male parent/guardian _____ Home Phone _____ Cell Phone _____

Full Address _____

Employer _____ Work Phone _____ Pager # _____

Employer Address _____

Student lives with: Own Father _____ Step-father _____ Own Mother _____ Step-mother _____ Other _____

TO PARENTS: I authorize Bethlehem Lutheran School personnel to release my child to one of the following persons in the event I cannot be reached or am not able to pick up my child.

1. Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Pager # _____ Relationship _____

Full _____ Address _____

2. Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Pager # _____ Relationship _____

Full _____ Address _____

If a child becomes seriously ill or injured at school or while on a field trip and the parents cannot be contacted by reasonable means, it is understood that the school may take the steps necessary to care for the child, including doctor or hospital care by licensed personnel or may call 911.

Medical Insurance Company & Policy #: _____

Physician: Name and phone number: _____

Full Address _____

Dentist: Name and phone number: _____

Full Address _____

Hospital: Name and phone number: _____

Full Address _____

_____ This is effective for the 2007-2008 school year.

Please complete other side



Date

Parent Signature

BETHLEHEM LUTHERAN SCHOOL

MEDICAL CONCERNS

Please check any and all that apply to your child's current health status:

- Asthma (or other respiratory ailment) _____
- Diagnosed ADD or ADHD _____
- Food Allergies (please name specific): _____
- Other Allergic Reactions (name): _____
- Diabetes _____
- Physical Disabilities (name): _____
- Vision Problems or Glasses: _____
- Other (please be specific): _____

Please fill out the following section for any previous category that may require intervention by the school staff:

- Ailment: _____
- Triggers: _____
- Symptoms: _____
- Interventions: _____
- Call parent if: _____
- Call 911 if any of the following occurs: _____
- Special considerations for field trips: _____

Are your child's immunizations up to date? ___ yes ___ no

I give permission for Bethlehem Lutheran School to share the above medical information regarding my child with teachers and support staff who are responsible for his//her safety and well-being during the school day.

Date

Parent Signature

Revised 5/08/2006

This is effective for the 2007-2008 school year.

Please complete other side