

Student Emergency Information Evergreen Christian School Olympia, WA

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Sport: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Alternate persons to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

**You must have insurance in order to participate in athletics at Evergreen Christian School**

Yes	No*	If the parents and authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment in the judgment of the school authorities, do you authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible?
Yes	No*	Do you agree to be financially responsible for all expenses incurred for the treatment under the circumstances described above?
Yes	No*	If an ambulance is called, do you agree to be financially responsible for the expenses incurred?
Yes	No*	I understand that my child must follow the required academic and attendance policies in order to participate in any ECS sport.

\*Please explain what action you desire the school authorities to take: \_\_\_\_\_

Does your child have:

Vision Problems \_\_\_\_\_ Glasses Y\_\_\_ No \_\_\_ Contact Lens Y \_\_\_ No \_\_\_

Hearing Problems \_\_\_\_\_ Speech Problems \_\_\_\_\_

Please check if your child is being treated for any of the following:

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Check if your child uses one of these items: Inhaler \_\_\_\_\_ Epi-pen \_\_\_\_\_

If so, who will keep the item: Student \_\_\_\_\_ Teacher \_\_\_\_\_ Office \_\_\_\_\_

If your child is on medication or receiving treatment, please specify here:

Allergies (please describe)

List any medications your child is allergic to \_\_\_\_\_

**\*\*\*PERMISSION FOR EMERGENCY MEDICAL TREATMENT\*\*\***

In the event the student mentioned above becomes ill or sustains an injury while in the care or under the supervision of authorized personnel of Evergreen Christian School, permission is given to administer first aid for his/her relief. If it is not practical to return him/her to us or to receive our instructions for his/her care, consent is hereby given to admit him/her to any hospital; consent is also given to any licensed physician and/or surgeon called upon or to whom he/she is taken for treatment, procedures as he shall think the existing emergency requires for the relief of pain and to preserve both life and health. Authorization is given for such other measures or procedures as may be required.

Signature of Parent or Guardian

Date