

EMERGENCY INFORMATION & HEALTH RECORD

Student's Name _____ Date of Birth _____

PERSONS TO CONTACT IN CASE OF EMERGENCY

Name _____ Phone No. _____

Address _____

Relationship to Student _____

or

Name _____ Phone No. _____

Address _____

Relationship to Student _____

In the event that this child is injured or becomes seriously ill and parents or other authorized persons cannot be reached, I authorize Belize Christian Academy to take appropriate emergency measures, including placing this child in the nearest emergency hospital.

Signed _____ Date _____

(Parent or Guardian)

Signed _____ Date _____

(Parent or Guardian)

HEALTH RECORD

Does this child have:(Please check)

Nose Bleeds _____

Frequent Colds _____

Frequent Sore Throats _____

Frequent Ear Infections _____

Problems with Skin Rash or Sores _____

Heart Trouble _____

Seizures(Fits) _____

Fainting Spells _____

Diabetes _____

Asthma _____

Allergies _____

Tonsillitis _____

Frequent High Fevers _____

Frequent Diarrhea _____

Frequent Stomach Problems _____

Has this child been immunized for: (check)

Diphtheria ___ Pertussis ___ Tetanus ___

Rubella ___ Rubeola ___ Smallpox ___

Polio1 ___ Polio2 ___ Polio3 ___

Other _____

Has this child ever had: (Please Check)

Chicken Pox _____

Hepatitis _____

Measles _____

Mumps _____

Scarlet Fever _____

Tuberculosis _____

German Measles _____

Polio _____

Whooping Cough _____

Malaria _____

Is this child on medication? _____ If so, what? _____

Does this child need to take any medication during school hours? _____ If so, describe: _____

Is this child allergic to any medications or other items? _____ If so, describe: _____
