

**NEW ENGLAND BAPTIST COLLEGE
CENTRAL CHRISTIAN ACADEMY**

*Ministries of: Central Baptist Church • 1505 West Street • Southington, CT 06489
(860) 621-6701*

EMERGENCY MEDICAL INFORMATION

Student's Name _____ Home Phone # (_____) _____

Date of Birth _____ Age _____ Sex _____

Address _____

Please list any allergies your child has had: _____

Please list any diseases your child has had: _____

Please check if your child is subject to:

- Asthma Earache Hay Fever Bronchitis Other _____

Medications your child takes regularly: _____

- Epi-Pen Inhaler (Asthma) Diabetes Heart Condition Bleeding Disorders

In case of an emergency requiring medical care outside of the school, please indicate the sequence in which you would like us to contact you.

- Contact father: Phone # _____
 Contact mother: Phone # _____
 Contact personal physician: Name _____ Phone # :(_____) _____
 Take child to nearest hospital
 Take child to _____ Hospital City: _____
 Other Procedure: _____

Insurance Company _____

Policy Holder _____ Policy Number _____

Employer of policy holder _____ Work Phone _____

Address of employer _____

Has student had any head injuries? Yes No How many _____ When _____

Has anyone in your family died suddenly before age 60? Yes No Explain _____

I give permission for _____ to participate in _____ all sports/ _____ all sports except _____. I assume all responsibility for notifying the school of any change in my child's health both before and during participation in any sport(s). I hereby give permission for the provision of emergency medical treatment for my child in the event of injury or illness that occurs during participation in school sponsored activities.

In case of surgical emergency, I hereby give permission to the physician selected by the Central Baptist Church/New England Baptist College/Central Christian Academy staff to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child.

Parent's Signatures:

Father

Mother

Date