



# CAREER CONNECTIONS CHARTER HIGH SCHOOL EMERGENCY HEALTH FORM

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_, PA \_\_\_\_\_  
City Zip Code

Home Phone # \_\_\_\_\_  Male  Female  
Birth Date \_\_\_\_\_

Student resides with (circle and complete information)

Father/Guardian Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

**Emergency Contact:** In the event of minor illness or injury and neither parent nor guardian can be reached, whom may we contact to take responsibility for your son/daughter? Career Connections Charter High School is not responsible for transportation.

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**This student is permitted to receive the following Over the Counter Medications (OTC's) at school.**

**A Parent or guardian will be contacted of the School Nurse notes excessive use of OTC's.**

acetaminophen (Tylenol, etc)  ibuprofen (Advil, etc)  antacids (Tums, etc)  oral anesthetic (Oragel, etc)

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Medical Assistance \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

If neither parent nor guardian can be contacted in case of serious illness or injury, I hereby authorize representatives of Career Connections Charter High School to act as my agent to secure emergency medical treatment for the student named on this card at a recognized health care facility. I hereby agree to hold Career Connections Charter High School and its representatives harmless for exercising its judgment in authorizing such emergency Medical treatment and said representatives are specifically authorized to sign any required hospital treatment forms on my behalf. I also agree to assume responsibility for any charges incurred as a result of such treatment.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent/guardian