

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)

Has this child ever had: (Please Check)

Nose Bleeds _____

Chicken Pox _____

Frequent Colds _____

Hepatitis _____

Frequent Sore Throats _____

Measles _____

Frequent Ear Infections _____

Mumps _____

Problems with Skin Rash or Sores _____

Scarlet Fever _____

Heart Trouble _____

Tuberculosis _____

Seizures(Fits) _____

German Measles _____

Fainting Spells _____

Polio _____

Diabetes _____

Whooping Cough _____

Asthma _____

Malaria _____

Allergies _____

Is this child on medication? _____ If so,

Tonsillitis _____

what? _____

Frequent High Fevers _____

Does this child need to take any medication

Frequent Diarrhea _____

during school hours? _____ If so, describe:

Frequent Stomach Problems _____

Has this child been immunized for: (check)

Diphtheria _____ Pertussis _____ Tetanus _____

Is this child allergic to any medications

Rubella _____ Rubeola _____ Smallpox _____

or other items? _____ If so, describe: _____

Polio1 _____ Polio2 _____ Polio3 _____

Other _____