

**CYPRESS CHRISTIAN SCHOOL
2018-19 EMERGENCY CONTACT INFORMATION**

Student's Last Name	First Name	Grade/ Teacher	Date of Birth
Home Address	City/State/Zip	Home Phone Number ()	
Child lives with:		Child rides bus: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your name, phone number, email and address will appear on ParentsWeb (for school parents only) unless you check here to remove it from the school directory <input type="checkbox"/>			
First parent contact: _____ Employer: _____ E-mail address: _____		Business Phone () _____ Cell Phone Number () _____	
Second parent contact: _____ Employer: _____ E-mail address: _____		Business Phone () _____ Cell Phone Number () _____	
Other person(s) to contact in an emergency if parent(s) cannot be reached. These people can also pick/up the student.			
Name: _____ Phone: _____ Relationship to child: _____			
Name: _____ Phone: _____ Relationship to child: _____			
Student Health Conditions (check all that apply): <input type="checkbox"/> NO medical conditions			
<input type="checkbox"/> Allergies (please list below)	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Nervous twitch	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neuromuscular disorder	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear infections/tubes/hearing	<input type="checkbox"/> Seizure disorder	
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Sickle cell anemia	
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sore throats (frequent)	
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Speech problems	
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Traumatic brain injury	
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Vision problems	
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines		
Please explain any conditions above or any reasons for hospitalization:			
Please list medications being taken:			
Allergy type, reaction, recommended action (if EpiPen, must leave at school office):			

PERMISSION TO TRANSPORT CHILD

I give Cypress Christian School my permission to transport the child listed above to the nearest medical/dental care facility. Signing this form only authorizes the school to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival (dependant on emergency facility). In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the emergency contacts listed above. If it is impossible to reach me or the emergency contacts, the school may make whatever arrangements seem necessary.

Mother's/Guardian's Signature

Father's/Guardian's Signature