Eastern Christian School Association: Medical Information and Emergency Card

Name: Joye Davis	**Student Cell:** (201)459-9825		**Grade:** 12
Address: 1 Main St, Old Tappan, New Jersey 07675		**Age:** 17	**Date of Birth:** 02/22/1999

Please list the names and phone numbers of parent/guardian.

Name	Home Phone	Business Phone:	Cell Phone	Resides with
Mother: Salley Davis sd@sportzventures.net	(201)999-8876		(201)657-8765	Yes
Father: Joe David jd@sportzventures.net	(201)354-3455			Yes
Guardian:				No

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, the following persons have agreed to arrange for my child's transportations and car:

Name	Relationship	Home Phone	Business Phone	Cell Phone
Joe Sotile	Uncle	(333)445-5673		
Mike Dywer	Neighbor	(333)222-1111		
Physician: Richard King			(666)876-5432	
Dentist: John Teeth			(999)888-7765	

Does your child have a history of:

Anxiety/Depression?	No	**Fainting with exercise?**	No
Loss of consciousness after an injury?	No	**Seizures?**	No
Any previous joint disease? Injuries? Fractures?	No	**Diabetes?**	No
Heart Problems (i.e. chest pain, palpitations, murmur)?	No	**Allergies (food, medicine, pollen, insect stings, etc.)?**	No
Asthma?	No	**Check all that apply with Asthma:**	
Medication	-	**Surgery? Hospitalization?**	No
Did an immediate family member ever die suddenly?	No	**Do you have any concerns about your child's health that would impact their role as a student?**	No
Ear problems?	No	**Eye problems?**	No
		Do they were glasses/contacts?	No

If you have circled "yes" for any of the above, please explain:

Does your child have health insurance? Yes
Does your child take any medication(s) regularly? No
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In case of accident or illness, I hereby authorize the school to call the physician or dentist indicated above and the follow his or her instructions. I also authorize medical personnel to render any necessary emergency treatment for my child.

I **GIVE** permission for my child to receive Acetaminophen (Tylenol), Dephenhydramine (Benadryl), Ibuprophen (Advil- High School only) or TUMS as needed.

I **GIVE** permission for the school nurse to release information to appropriate school personnel.

Date: 2/12/2015 **Parent/Guardian Signature:**