CORNERSTONE
CHRISTIAN SCHOOL

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Manteca, CA 95336
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www.CCSManteca.com

# EMERGENCY AUTHORIZATION / MEDICAL INFORMATION

Student Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Step Parent's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

## ADDITIONAL PERSONS WHO MAY BE CONTACTEDIN AN EMERGENCY OR ILLNESS

The school is authorized to contact and, if necessary, release my child to one of the following designated names:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

## HEALTH INFORMATION

Has the student had any history of:

| | | | | | |
|---|---|---|---|---|---|
| ADHD/ADD | ❑ Yes ❑ No | Asthma | ❑ Yes ❑ No | Diabetes | ❑ Yes ❑ No |
| Allergies | ❑ Yes ❑ No | Orthopedic | ❑ Yes ❑ No | Heart Problems | ❑ Yes ❑ No |
| Eye Problems | ❑ Yes ❑ No | Hearing Loss: | ❑ Yes ❑ No | Headaches | ❑ Yes ❑ No |

Other History If so, please give details: _____

❑ Does your student take any prescription or other type of medication on a regular basis? ❑ Yes ❑ No

(***Please complete and return the Parent Consent for Administration of Medications***)

My student is allergic to the following medication(s): _____

Does your student have any health conditions which the school should be aware of? ❑ Yes ❑ No

If so, please give details (additional space on back)

Name of Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Cornerstone Christian School does not provide any type of insurance for its students. Therefore, it is the responsibility of each family attending CCS to maintain their own personal and accident insurance.

**I give permission for sharing of medical information, when appropriate, with my child's teacher(s) and yard duty personnel.**

**PLEASE SIGN THE BACK OF THIS FORM**

# AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR

I (we) the undersigned parent, parents, or legal guardian(s) of _____ (student name), a minor, do hereby authorize Cornerstone Christian School (CCS) and/or designated leaders, the person(s) into whose care the aforementioned minor pupil has been entrusted; in the event of an emergency or the need for such treatment is immediate, when efforts to contact me (us) are unsuccessful, I do consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care which is deemed advisable by and to be rendered by or under the supervision of a physician licensed under the provision of the medical practice act in which state and/or by the State of California; or to consent to any X-ray examination, anesthetic, dental-surgical diagnosis or treatment and/or hospital care to be rendered to said minor by any dentist licensed in which state and/or by the State of California.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of CCS or aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician or dentist in the exercise of his/her basic judgment may deem advisable. I (we) accept the cost of any such examination, treatment, ambulance, or hospitalization. This authorization shall remain effective for the full school year unless revoked in writing by the parent and/or guardian and delivered to CCS.

School authorities will notify you or your designated contact if your child is ill or injured. If no one can be reached or the situation warrants action, it is the policy of CCS to send the child in an ambulance to the nearest emergency hospital unless instructions to the contrary are on file in the school office. Students will be taken to Doctor's Hospital Manteca (or the closest available facility if outside the Manteca area), unless otherwise noted here: _____.

Additional Information: _____

_____

_____

_____

_____

_____

_____

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____