



## EMERGENCY CONTACT AND MEDICAL INFORMATION

### RONA COMMUNITY CHURCH

1082 Rona Parkway Drive Fairborn, OH 45324 937-878-6993

ronachurch@gmail.com

www.ronachurch.org

## STUDENT INFORMATION FOR 2017-2018 SCHOOL YEAR

Child's Name

Date of Birth

Mother's Name

Father's Name

Email

Cell Phone

Email

Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

### MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

#### Provide details on the back of this form.

Allergies/Special Health Considerations/Medications

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission for my child to go on field trips. I release any individuals and Rona Community Church from liability in case of accident during activities.

Parent's/Guardian's Signature

Date

## SPECIAL MEDICAL NEEDS INFORMATION

\_\_\_\_\_ Asthma

\_\_\_\_\_ Medical diagnosis of: \_\_\_\_\_

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

\_\_\_\_\_ *Life-threatening reaction to this allergy is likely/probable\**

\_\_\_\_\_ *Moderate to severe (but not a life-threatening) reaction to this allergy is likely/probable*

\_\_\_\_\_ *Other:* \_\_\_\_\_

Symptoms of medical issues may appear, including:

\_\_\_\_\_ Wheezing, panting, or other difficulty breathing

\_\_\_\_\_ Seizures

\_\_\_\_\_ Swelling (including restriction of airway)

\_\_\_\_\_ Discoloration of skin

\_\_\_\_\_ Other:

I have provided the following medications and/or medical equipment:

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In the event that symptoms appear, I request the following course of action (check all that apply):

\_\_\_\_\_ Locate one of the Child's guardians and advise him or her of the situation.

\_\_\_\_\_ Contact emergency medical assistance by calling 911\*.

\_\_\_\_\_ Treat the symptoms in the following way:

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*\*Note*—If you indicate that a life-threatening reaction is likely, we will call 911 if symptoms appear, whether or not the “contact emergency medical assistance” box is checked. EMT costs will be charged to you



**RONA COMMUNITY CHURCH TRANSPORTATION FORM**

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**2017-2018 School Year**

I give permission for my child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to ride with Pastor Jim Smith or an Adult Sponsor. If you don't want your child(ren) to ride with a sponsor, please circle church van only.

**CHURCH VAN ONLY**

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Parent Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_