



Confidentiality Form

PLEASE COMPLETE ONE FORM, BOTH SIDES, FOR EACH STUDENT.

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STUDENT'S FULL NAME SOCIAL SECURITY NUMBER

EMERGENCY INFORMATION

Please list the contacts whom the school should notify in case of an emergency.
(Parents should be listed first; all contacts should be in the DC Metro area.)

H = Home Phone number
C = Cell Phone number

1 _____ H () -
NAME RELATIONSHIP C () -

2 _____ H () -
NAME RELATIONSHIP C () -

3 _____ H () -
NAME RELATIONSHIP C () -

List any medications your child is currently taking: _____

List any medications to which your child is allergic: _____

List any known allergies (bee stings, food, etc.) _____

“Heritage Christian School has my permission in an emergency, when I cannot be contacted, to contact the physician listed below and/or take my child to the emergency room of the nearest hospital. I also extend further permission for the physicians and medical staff of the nearest hospital to provide treatment which is deemed necessary by said physicians and medical staff for the physical well-being of my child.”

_____ () -
NAME OF PHYSICIAN CONTACT NUMBER

_____ ADDRESS _____

MEDICATIONS

No medications will be given to your child without parental consent.

Should your child need medication during the day, please submit proper dosages and instructions to the school office.

The school will administer Tylenol or ibuprofen as you indicate below:

I DO **NOT** CONSENT TO MY CHILD BEING GIVEN ANY MEDICATIONS.

PLEASE ADMINISTER TYLENOL IBUPROFEN TO MY CHILD AS NEEDED.
(Please circle one)

_____ DATE _____
PARENT/GUARDIAN SIGNATURE

