



Emergency Contact/Health Information Form
High Point Christian Academy 2018-2019

Student Name _____ Birth Date _____ Homeroom Teacher _____ Grade _____
Student Address _____ City/State/Zip _____

EMERGENCY CONTACT/PARENT/GUARDIAN INFORMATION (please include area code with phone numbers)

Mother /Guardian Name _____ Cell # _____ Work # _____
Address (if different from student) _____ City/State/Zip _____
Email (mother) _____

Father/Guardian Name _____ Cell # _____ Work# _____
Address (if different from student) _____ City/State/Zip _____
Email (father) _____

In the event that a parent/guardian cannot be reached contact the following:

Name _____ Relationship _____ Cell# _____ Work# _____

STUDENT'S HEALTH HISTORY

Does your child have a diagnosed medical condition? NO [] YES [] If yes, please specify: _____

If your child has ALLERGIES, please list ALL allergies: _____

If your child has ALLERGIES does he/she require an EPIPEN? NO [] YES [] No Allergies []

If your child has ASTHMA does he/she require an INHALER? NO [] YES [] No Asthma []

**Please make sure emergency equipment (EpiPen, Inhaler, Glucometer, Insulin, Glucose, etc.) is available at all times during the school day/field trips/athletic practices and/or games.

Prescription/Nonprescription/Emergency Medications: *If your child needs to take ANY medications at school, an Over-The-Counter Medication Form (OTC) and/or Prescription Medication Form (PMF) will need to be completed and signed by their Physician. These forms are available in the school office or at www.hpcacougars.org

PHYSICIAN/INSURANCE INFORMATION

Physician _____ Phone _____
Dentist _____ Phone _____
Health Insurance Carrier _____ Policy # _____
Under the name of _____ Relationship: _____
Preferred hospital (optional) _____

PERMISSION TO PARTICIPATE/ASSUMPTION OF RISK

I/We give permission for my/our child to participate in athletic competition and/or school-sponsored trips throughout the school year. I/We understand that students will be accompanied by a teacher/coach and will be under adequate supervision. I/We understand that there is a risk of injury involved with participation in athletics and/or school trips and their associated activities. In consideration of my/our child being allowed to participate in these activities, I/we assume to take responsibility for those ordinary and reasonable risks associated with participating in athletics and/or school-sponsored trips/activities. Sports injuries can be severe and in some cases may result in permanent disability or even death. I/We agree to hold harmless High Point Christian Academy (HPCA), its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

PERMISSION TO TREAT/RELEASE OF MEDICAL INFORMATION

I/We give consent for trained school staff to provide first aid, preventive, rehabilitative and/or emergency treatment to my/our child if he/she becomes injured while participating in a school-sponsored trip and/or athletics. I/We understand that the trained school staff will work within the confines of their specific professional certifications and licensures. In case of medical emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my/our child, within FERPA/HIPAA guidelines, to the appropriate HPCA personnel and/or attending health care providers.

Parent/Guardian Signature: _____ Date: _____