

# Beulah Baptist Christian School

5001-21 Spruce Street – Philadelphia, PA 19139

(215) 747-3347 phone – (215) 747-7871 fax

## *Student Emergency Medical Information*

### *Student's Information*

Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First Name ----- Date of Birth -----

Parent email address:-----

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### *Mother's Information*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### *Father's Information*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### *Emergency Contact Information*

1. Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### *General Medical History*

List of Allergies: \_\_\_\_\_

Date of child's last tetanus shot \_\_\_\_\_ Child's overall health condition \_\_\_\_\_

### *Additional Comments/Information*

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### **Authorization For Treatment**

I give permission for the hospital/emergency technicians to give my child medical attention in the event of my absence. Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not give permission for the hospital/emergency technicians to give my child medical attention in the event of my absence. Signature \_\_\_\_\_ Date \_\_\_\_\_