Appendix B

Clarke County High School
Emergency Care Information

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME	School _____
Last _____	Date of Birth ____/____/____ Sex: Male or Female
First _____ Middle _____	Grade _____

FATHER **ADDRESS** **TELEPHONE**
Last _____ _____ Home _____
First _____ _____ Work _____
Middle _____ _____ Cell _____

MOTHER **ADDRESS** **TELEPHONE**
Last _____ _____ Home _____
First _____ _____ Work _____
Middle _____ _____ Cell _____

LEGAL GUARDIAN **ADDRESS** **TELEPHONE**
Last _____ _____ Home _____
First _____ _____ Work _____
Middle _____ _____ Cell _____

Student resides with ☐ FATHER ☐ MOTHER ☐ BOTH ☐ LEGAL GUARDIAN

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED:

1. _____ _____ _____
Name Relationship Telephone

2. _____ _____ _____
Name Relationship Telephone

ADDITIONAL INFORMATION

_____
Name of Student's Physician Physician's Telephone #

_____
Name of Health Insurance Company Policy/Group/Employee Number or HMO # Insurance Company's Telephone #

MEDICAL INFORMATION (Check all that are applicable)

□ Allergies, Be Specific _____
□ Foods _____
□ Medicine _____
□ Bee or Insect Allergy
□ Cancer
□ Diabetes
□ Digestive, Be Specific _____
_____
□ Hearing
□ Heart Problems, Be Specific
_____
□ Hemophilia
□ Physical Disability, Be Specific
_____
□ Respiratory Disability, Be Specific
_____
□ Seizures
□ Other, Please List _____

List all medical conditions for which your child receives continual care: _____
_____
List all medications and dosages your child receives on a continual basis: _____
_____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, where the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child. ☐YES ☐ NO

Student Information Release: The school has my permission to use my child's name, stats, athletic team information and photo on the school website, emails or information submitted to the press. Please answer yes or no and sign below. ☐ YES ☐ NO

By signing below, I certify that the above information is correct.

Signature of Parent/Legal Guardian: _____ Date: _____