

Bloomington Christian School  
MEDICAL EMERGENCY INFORMATION CARD

Name \_\_\_\_\_  
Last First Middle Sex Grade Birth Date

Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT

1. Contact mother/guardian at \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ext \_\_\_\_\_  
(Place of employment)

2. Contact father/guardian at \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ext \_\_\_\_\_  
(Place of employment)

Contact 1. \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Name of Neighbor or Local Relative)

Contact 2. \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Name of Neighbor or Local Relative)

Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Plan:  Kaiser  Blue Cross  Medi-Cal  Other \_\_\_\_\_ Plan/Medi-Cal # \_\_\_\_\_

**THE SCHOOL DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE FOR SCHOOL ACCIDENTS.**

If an emergency should arise which requires immediate medical attention and we as parents or guardians cannot be contacted, you are authorized to take whatever steps needed to protect the health of this student.

This student has a known health condition which may affect him in school.  Yes (Please explain on reverse side.)  No

DATE \_\_\_\_\_

Signature of Parent of Guardian

**MEDICAL ALERT**

**CONDITIONS REQUIRING SPECIAL MEDICAL CARE:**

HEALTH PROBLEMS:  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATION TAKEN REGULARLY:  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATION TAKEN AT SCHOOL:  
\_\_\_\_\_  
\_\_\_\_\_

HISTORY OF SEIZURES:  
YES  NO

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