



Carolina Christian School

"He will teach us His ways so that we may walk in His paths." Micah 4:2b

CCS INFORMATION - EMERGENCY RELEASE FORM 2021-22

Student Legal Name

_____/_____/_____/_____
Last First Middle Preferred

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Gender (please circle) M F Student Cell # _____ Grade _____

FAMILY INFORMATION (please print clearly in black or blue ink)

	Name	Legal Guardian	Phone Number	Priority to call (who to call 1st)
Mother		Y/N		
Father		Y/N		
Step Parent		Y/N		
Guardian		Y/N		

Additional EMERGENCY CONTACTS

Name: _____ Home: _____ Cell: _____

Name: _____ Home: _____ Cell: _____

	Name	Phone
Pediatrician/primary care provider		
Hospital of choice		
Dentist		

Insurance Company: _____

Policy Number: _____ Phone: _____

(In case of an accident or serious illness, the school will attempt to contact the parent/guardian. If the school is unable to contact the parent/guardian or person designated above, the school will make necessary arrangements for immediate treatment. Payment of any fees will be assumed by the parent/guardian.)

I hereby give my consent to any hospital and/or licensed physician or authorized provider to administer necessary emergency treatment to my child in the event such treatment is imperative and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (please print) _____

HEALTH HISTORY – 2021-22 MEDICATION AUTHORIZATION FORM

Instructions: Parents should complete this form and return to the CCS Office by the first day of school.

Please note: the Medical Information/Emergency Release Form is required to be on file before the student will be allowed to attend field trips.

All information will remain confidential and on file throughout the school year.

Student Name: _____ Grade (2021-22) _____

List any health information (past and present such as diabetes, asthma, allergies, seizures, migraines, ADD/ADHD, etc.)

Date of last Tetanus _____

List any medications taken regularly

List any allergies (medications, food, insect, environmental, seasonal) and your child’s response to them (watery eyes, rash, swelling, difficulty breathing).

If your child requires emergency medications for allergy, please also complete the Medical Action Plan.

INCLEMENT WEATHER / CRISIS PLAN

In the event of an early dismissal from school, please describe your plan and include names and cell phone numbers if different from your emergency contact information of anyone authorized to pick your child up from school.
