

Koinonia Academy—Student Medical Emergency Card

Student's Last Name	First	D.O.B.	Grade
Address		Home Phone Number	
Father's Name	Business Phone	Cell Phone	
Mother's Name	Business Phone	Cell Phone	
Boarding Family (if applicable)		Phone Number	
Child's Physician	Physician's Phone #	Hospital of Choice	
Child Medical Ins. Co.	Identification #	Subscriber Name	
Emergency Contacts who will assume care of your child if you cannot be reached:			
1. Name	Relationship	Daytime Phone #	
2. Name	Relationship	Daytime Phone #	
1. List any allergies & current/ongoing medical problem the school should be aware of. (Continue on back of card).			
2. Has your child had any illness injury or operation during this past year?			
3. List any immunizations & dates not previously recorded:			
4. Does your child take any medication? _____@home _____@school List. (If your child needs medication during school hours, please contact the nurse)			
5. My child _____may, _____ may not participate in all school activities including CCW. List exceptions:			
6. In case of accident or serious illness, I request the school contact me. If I am unavailable, I hereby authorize the school to contact the physician designated and to follow his instructions. If it is impossible to contact this doctor, the school may make necessary arrangements. I hold the Koinonia Academy and its agents harmless in caring for my child. I also understand that medical information about my child will only be shared with appropriate personnel on a need to know basis.			

Parent's Signature

Date

For children with special medical needs, please request from School Nurse a Doctor's Order form (for Asthma, Diabetes, Severe Allergies, Etc.) & submit by 1st day of school.