



West Fallowfield Christian School

795 Fallowfield Rd | Atglen, PA 19310 | (610) 593-5011 | www.wfcs.org

Information for Medical Emergencies/Release Form

Parents/Guardians _____

Address _____

Email _____ Phone _____

Students _____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

_____ Grade _____ Date of Birth _____

Please provide phone numbers and indicate the order to be followed if it is necessary to communicate with a parent.
(1 - call first, 2 - call 2nd, 3 - call 3rd, 4 - call 4th)

Parent/Guardian 1's Workplace _____ Phone _____ Call Order: ____

Parent/Guardian 2's Workplace _____ Phone _____ Call Order: ____

Parent/Guardian 1's Cell Phone _____ Call Order: ____

Parent/Guardian 2's Cell Phone _____ Call Order: ____

Relatives/friends given permission for pick-up or to be contacted in an emergency when parents/guardians cannot be reached:

_____ relationship to student _____ phone

_____ relationship to student _____ phone

_____ relationship to student _____ phone

It may become necessary to administer Tylenol to students in the course of the school day. Indicate your wishes in this matter.
NO ASPIRIN WILL BE GIVEN TO STUDENTS.

_____ You may give the recommended dose of Tylenol to my child/ren as needed.

_____ Please call me before administering Tylenol to my child/ren.

Doctor to be notified:

_____ Phone _____

What is your preference for choice of hospital in an emergency?

Dentist to be notified:

_____ Phone _____

There may be a need for a student to require medical care from the physicians at County Line Medical Center or treatment in an emergency room of one of the local hospitals. If you are willing for your child to receive emergency treatment for as long as they are enrolled at WFCS, please sign below. In the event of any emergency, every effort will be made to contact you or those persons listed on this form prior to treatment.

Signature of Parent/Guardian _____

_____ Date

Is a clinic or doctor currently treating your children? Yes No

Name _____ Reason for treatment _____

Name _____ Reason for treatment _____

Are your children on medication? Yes No

Name _____ Medication _____

Name _____ Medication _____

Does medication need to be administered at school? Yes No

All medication brought to school by students is to be brought to the office. All medication will be dispensed under the supervision of office staff.

List any food, plant, insect, or medication allergies:

What is the usual treatment plan for your children's allergies? (Benadryl, EpiPen) _____

List any dietary restrictions or food issues:

Have your children experienced seizures, convulsions in the past year? Yes No

Name _____ Frequency _____

Treatment _____

Have your children had any other illnesses, accidents, or broken bones? Yes No

Are there any special health needs/concerns that we need to know? Yes No

Special Health Circumstances:

Have your children had serious illnesses or operations? Yes No

Name _____ When _____

Name _____ When _____

Please explain:

Feel free to use this space for additional health information.

Parent/Guardian Signature

Date

Please keep us updated as changes occur throughout the school year regarding contact information or medical circumstances and health information.

What mode of transportation do you plan on primarily using for the 2020-2020 School Year?

Bus a.m. _____

Bus p.m. _____

Parent drop-off a.m. _____

Parent pick-up p.m. _____

In the ***event of an early dismissal***, we will announce changes on **WDAC (94.5), WCAU-TV (Channel 10), WPVI-TV (Channel 6), and WGAL-TV (Channel 8)**, as well as on our website (www.wfcs.org), social media, and email. Text “@wfcsfamily” to “81010” to sign up for **Remind text alerts**.

Indicate what procedures you wish us to follow in the event of an early dismissal.

_____ My child/ren should ride the bus. Provisions are made for them in the event of an early dismissal. No phone call is necessary. If you elect this option, your child will ride the bus in the event of an early dismissal even though you may be unaware of the early dismissal.

_____ Please notify me or one of my emergency contacts so arrangements may be made for my child/ren when they arrive home.

Publicity Release

There are those occasions when publicity pictures are taken of our students for newspaper articles, promotional materials, Facebook and website. Please indicate your wishes below:

_____ Yes, you may photograph my children for WFCS publicity.

_____ No, please do not photograph my children for WFCS publicity.

While we appreciate all the publicity on Facebook from classroom parties, etc., we ask that you ***please refrain from posting pictures of other children on Facebook unless you have consent from the parents***. Thank you for your consideration in protecting the privacy of those families who do not want their children’s pictures posted on Facebook.

Parent/Guardian Signature

Date