



Family Last Name \_\_\_\_\_

# West Fallowfield Christian School

795 Fallowfield Rd. • P.O. Box 279 • Atglen, PA 19310 • 610.593.5011 • Fax 610.593.6041 www.wfcs.org

## Information for Medical Emergencies/Release Form

Please return by August 27th.

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 in the event that it is necessary to communicate with a parent. (1 - call first, 2 - call 2<sup>nd</sup>, 3 - call 3<sup>rd</sup>, 4 - call 4<sup>th</sup>)

Mother's Workplace \_\_\_\_\_ Phone \_\_\_\_\_ Call Order: \_\_\_\_

Father's Workplace \_\_\_\_\_ Phone \_\_\_\_\_ Call Order: \_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Call Order: \_\_\_\_

Father'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 with regard to contact information or medical circumstances and health information.

What mode of transportation do you plan on primarily using for the 2019-20 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](http://www.wfcs.org)), Facebook and via email**. 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 of 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