



# MANHEIM CHRISTIAN DAY SCHOOL

686 Lebanon Rd., Manheim, PA 17545

## STUDENT EMERGENCY INFORMATION/VERIFICATION

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Physical Address: \_\_\_\_\_

### PARENT/GUARDIAN

_____ Name	_____ Relationship	_____ Name	_____ Relationship
_____ Street Address		_____ Street Address	
_____ City	_____ State	_____ City	_____ State
	_____ Zip		_____ Zip
_____ Home Phone	_____ Cell Phone	_____ Home Phone	_____ Cell Phone
	_____ Work Phone		_____ Work Phone
_____ Email		_____ Email	

### ALERT NOW CONTACTS

Alert Now is a rapid, parent notification system. The number that you list as Contact 1 and Contact 2 will be the numbers that are contacted for weather-related school delays/closures, changes in sporting events, etc. These numbers should be the parent/guardian cell or home numbers. In the case of a school-wide or district-wide emergency, or an unplanned early dismissal, the Alert Now system will contact all numbers listed below.

	Name	Phone
Contact 1		
Contact 2		
Contact 3		

### ALTERNATE CONTACTS

(To be contacted if school is unable to reach a Parent/Guardian)

Name	Phone Number	Relationship to Student

**Student Emergency Information must be returned with application/re-enrollment form in order for official registration to be considered.**

### MEDICAL INFORMATION

YES	NO	
		Has your child had a serious illness, injury or surgery in the past year? If yes, please describe.
		Does your child have allergies (to medication, food, bee stings, etc.)? If yes, please list treatment, if required. Please give details.
		Does your child have a chronic illness or physical condition? If yes, please describe. Does this limit his/her activities in school?

\*\*\*\* Please list any medication taken either at home or school.

MEDICATION	DOSAGE	TIME TAKEN	REASON

\*\*\*\* Does your child wear glasses/corrective lenses (contacts)?     \_\_\_ Yes     \_\_\_ No

### MEDICATION AUTHORIZATION

The school will administer the following medication as needed **ONLY** with your authorization: Non-Aspirin (Children and Jr. Strength only), Benadryl (in case of emergencies for allergic reactions only), Antacid for stomach upset, and throat/cough lozenges.

**If the above school medications are not suitable for MCDS to give to your child and you have others that are suitable, you must supply them with a permission slip indicating appropriate dosage.**

#### CHECK ONLY ONE BOX:

- I authorize the school to administer any of the above listed medications.
- I authorize the school to administer only the following medications:  
\_\_\_\_\_
- Please call me **before** administering any medication.

### PHYSICIAN INFORMATION

Family Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Insurance Co. #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**In case of accident or serious illness, parent/guardian or emergency contact person will be notified. I hereby authorize school personnel to act for me according to their best judgment in any emergency requiring medical attention.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE NOTE:** For the safety and well-being of each child, information on this form will be shared with school personnel on a need to know basis only.