ATHENS BIBLE SCHOOL
Notification Card for Emergency or Illness

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

"A Better Education on a Better Foundation"

Student's Name: _____ (First) _____ (Middle) _____ (Last)

Grade _____ Date of Birth _____/_____/_____ SS# _____-_____-_____

Parents/Guardians _____ Home phone _____-_____-_____ Email _____

Address _____ City _____ State _____ Zip _____

Father's work phone _____-_____-_____ Cell phone _____-_____-_____

Mother's work phone _____-_____-_____ Cell phone _____-_____-_____

Emergency Contacts: In the case that parents or legal guardians cannot be reached, permission is granted to the following individuals to pick up my child due to an illness or an emergency.

Name	**Relation to Child**	**Phone**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Medical Information

Is the student allergic to drugs or anything else? Yes ____ No ____

If yes, please list all allergies: _____

Please mark whether it is permissible to give your child the following medications

Acetaminophen (Tylenol): Yes ___ No ___ **Ibuprofen (Motrin, Advil):** Yes ___ No ___ **Aleve:** Yes ___ No ___
Antacids (Tums): Yes ___ No ___ **Midol:** Yes ___ No ___

We do not give out any Antihistamines, decongestants or other major medications, except those listed above. If your child is in need of any prescription or non-prescription medication, other than the ones listed above, please fill out a Prescription Medication Authorized Form, which can be picked up from the front office, the First Aid room or downloaded. All medications must be placed in a Ziploc bag with the child's name, grade and directions for administration. All medications will be kept in a locked cabinet in the First Aid room.

Please list below any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, any chronic conditions or any conditions of which the school should be aware.

_____

If any health conditions are listed above, please include a treatment plan for your child on a separate sheet of paper. This will let us know exactly the steps you would like for us to take in the event of an episode.

If there are any changes throughout the school year, it is up to **YOU** to notify the School Nurse/Officials immediately.

If emergency treatment is required, and the parent cannot be reached, may the School Nurse and/or Official use their judgment in calling the doctor(s) indicated below? Yes ___ No ___

Primary Doctor: _____ Phone #: _____

Secondary Doctor: _____ Phone #: _____

If the nurse or school officials determine that your child is in an emergency situations and you cannot be reached immediately, do we have your permission to call the local ambulance service? Yes ___ No ___

If not, please indicate your wishes in this situation: _____

Preferred Hospital Name: _____

I, the undersigned, authorize the School Nurse/Officials of the Athens Bible School to contact directly the persons named on this card, and do authorize the named Doctor to render such treatment as may be considered necessary in an emergency situation, for the health of my child. In the event Doctors, other persons named on this card or parents cannot be contacted, the School Nurse/Officials are authorized to take whatever action is considered necessary in their judgment, for the health of my child. I will not hold the School Nurse/Officials financially responsible for the emergency care and/or transportation for my child. All the information given above is true as best of my knowledge.

Parent/Guardian Signature _____ **Date:** _____