



Emergency Contacts to be Filled Out by All Families

In order for your child to attend Beaches Episcopal School, this form must be on file in the school office by August 1, 2009. (One form per family)

The following individuals are to be contacted in the event the school cannot reach a parent in an emergency situation.

For: _____

Student's or students' name(s)

NAME	RELATIONSHIP TO STUDENT	TELEPHONE #
1. _____		
2. _____		
3. _____		

Child's home number _____

Mother's work number _____ Name _____

Father's work number _____ Name _____

Mother's cell number _____

Father's cell number _____

Names of the people (other than parents) who may pick up my child:

Please immediately notify the office of any changes in these numbers.

Medical Form

Student Name: _____

Please list all medications your child is currently taking:

Medications

Reason

Will your child be receiving them during school hours? Yes No

If you circled *yes*, please write specific instructions for dispensing the medication:

In regards to any over-the-counter medication (Children's Tylenol, Motrin, etc.) check one of the following:

In the event of a headache or health complaint, you may give my child medication. _____

In the event of a headache or health complaint, call me before giving medication. _____

Please list ANY pertinent medical history or conditions your child had or has and if the condition(s) limits your child's activities.

NOTE: This form must be completed and on file in the school office before any medications may be administered.