



# CORNERSTONE CHRISTIAN SCHOOL

845-634-7977 (PH) / 845-634-7979 (FAX) / [CCSOFFICE@CCSNY.ORG](mailto:CCSOFFICE@CCSNY.ORG)

## EMERGENCY CONTACT AND MEDICAL INFORMATION

Dear Parent(s), In the event that a child sustains a serious injury or becomes ill during the school day, please provide the telephone number and name of a neighbor or relative who may be called for assistance in the event that the parent cannot be reached. Should school close due to inclement weather only two (2) phone calls per family will be attempted. ALL BUSSED STUDENTS WILL BE SENT ON THEIR BUS WHEN IT ARRIVES AT CORNERSTONE UNLESS PREVIOUSLY NOTIFIED.

**PLEASE PRINT AND PROVIDE PARENTS AND 2 OTHER EMERGENCY CONTACTS**

STUDENT NAME:				DATE OF BIRTH:	
CURRENT ADDRESS:				MALE / FEMALE (CIRCLE ONE)	
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE	EMAIL
	MOTHER / GUARDIAN				
	FATHER / GUARDIAN				

I understand that Cornerstone Christian School will attempt to contact the people on this list in the order provided. I grant permission for any person here to pick up my child from the school in the event he/she cannot remain in school due to illness or injury.

PARENT/GUARDIAN (PLEASE PRINT)	SIGNATURE	DATE

### HEALTH HISTORY:

#### Conditions (check all that apply)

- Frequent Ear Infections
- Diabetes\*
- Heart Defects/Disease
- Hypertension
- Convulsions/Epilepsy\*
- Behavioral
- ASTHMA\*

#### Allergies: (Please indicate severity of all that apply)

**Specify      Mild      Moderate      Severe**

Food*				
Animals				
Hay fever				
Insect Stings*				
Medications*				
Other*				

#### **\*Please explain symptoms:**


### Health Care:

Physician's Name (print clearly)	Business Number
Dentist/Orthodontist's Name (print clearly)	Business Number

If the student is currently under a physician's care for any illness it is VERY IMPORTANT that you set up an appointment and discuss with the school nurse.

Turn Over





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Are there conditions that will restrict the student's involvement in any outdoor school activities? Please explain:

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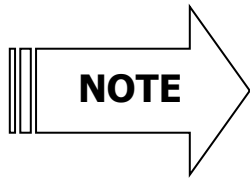
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Are there any dietary concerns of which the School should be made aware? Please explain:

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***If your child will be on any medications during the school year please:***



***Students are not allowed to carry medications on them while on the school grounds unless authorized by their physician and cleared through the CCS office. You must obtain the proper forms from the CCS office should your child need to have medication any time throughout the current school year.***

Please note any special concerns, conditions or restrictions the student's teacher or office should be made aware of:

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## **AUTHORIZATION FOR MEDICAL CARE:**

I, as a parent or legal guardian of the above named minor, hereby certify that the above information is correct and give permission for the release of medical records in the case of illness/injury. The person herein described has permission to engage in all prescribed Outdoor School activities except as noted above by me. I give permission to Cornerstone Christian School staff to transport my child to or from a doctor and/or hospital for emergency treatment. Furthermore, I give permission to CCS School Administrator or designate to allow hospital personnel and/or a licensed physician to perform emergency treatment and administer emergency medications. This authorization shall remain in effect for the current school year only.

PLEASE PRINT NAME

SIGNATURE

DATE


**Turn Over**

