

Student Medical Profile

First Baptist Christian School

1211 N. Vermilion Tel: 217-442-2434 info@danvillefbc.org
Danville, IL 61832 Fax: 217-442-8731 www.fbcspanville.com

Student Name First: _____ Middle: _____ Last: _____

Birth Date: _____ Address: _____

Father's Name: First: _____ Middle: _____ Last: _____

Main Phone Number: _____ / _____ / _____ Landline Cell Phone

Alternate Phone Number: _____ / _____ / _____ Landline Cell Phone

Employer: _____ Work Phone: _____ / _____ / _____ Extn: _____

Mother's Name: First: _____ Middle: _____ Last: _____

Main Phone Number: _____ / _____ / _____ Landline Cell Phone

Alternate Phone Number: _____ / _____ / _____ Landline Cell Phone

Employer: _____ Work Phone: _____ / _____ / _____ Extn: _____

Family Doctor: _____ Office Phone: _____ / _____ / _____

In case of emergency, the school will attempt to reach one of the parents first.

Please provide us with the names of two others who may be contacted when you cannot be reached.

Person 1: _____ Relationship: _____ Phone: _____ / _____ / _____

Person 2: _____ Relationship: _____ Phone: _____ / _____ / _____

Medical Information:

Known Medical Condition (allergies to food or medicine, asthma, diabetes, etc.) More Room on Second Page if Needed

Medicines and/or Procedures that your child will need to relieve the above conditions More Room on Second Page if Needed

Please note: FBCS will no longer provide medicine of any kind (except basic first aid supplies) If you would like for your child to have a pain reliever of other type of over-the-counter medicine, you must send the medicine in an original container with your child's name and preferred dosage. The office will only administer medicine that has been sent in by a child's parent with instructions.

Permission to Administer Medicine/First Aid:

I give First Baptist Christian School permission to give my child any medicines I have sent in for his/her use. I also authorize the administration of basic first aid or the treatment of my child in the event of an emergency and I cannot be reached.

In the event that my child is injured or needs medical attention of any kind, I understand that First Baptist Christian School will attempt to reach me or one of the persons listed above. However, in the event that no one can be reached, I authorize First Baptist Christian School to seek emergency medical treatment for my child when deemed necessary by the administration or faculty/staff member in charge of my child.

I authorize the doctor chosen by First Baptist Christian School to treat my child, including injection, stitches, or any other medical procedure necessary.

Parent or Legal Guardian's Signature: _____ Date: _____

Known Medical Conditions and Medications Needed Continued

Parent/Guardian Signature

Date