

KEMPTON NEW CHURCH SCHOOL

583 Hawk Mountain Rd. – P.O. Box 140 – Kempton, PA 19529 – society@kncs.org – 610-756-6140

HEALTH INFORMATION – 2017-2018

STUDENT NAME _____ Grade _____ Birth Date _____

Address _____

Home phone number (enter cell numbers below) _____

FATHER

MOTHER

Name _____

Name _____

E-mail address: _____

E-mail address: _____

Cell phone number _____

Cell phone number _____

Work phone number _____

Work phone number _____

Place of employment _____

Place of employment _____

Emergency contact/s if parent/s can't be reached:

Name _____

Phone number _____

My child is seriously allergic to (food, drugs, bee stings, etc.):

* My child has the following health condition/s and/or is taking the following medications, which may be relevant in the case of an emergency:

* **If your child becomes newly diagnosed with a serious health condition after you have submitted this form to us, please provide KNCS with updated documentation (for example, a copy of the updated physical).**

For anonymous data requested by our school district, please circle whichever of the following conditions may apply to your child.

Arthritis/Rheumatic Disease; Asthma; Attention Deficit Disorder/Hyperactivity; Bleeding Disorder & Cooley's Anemia;
Cardiovascular Condition; Cerebral Palsy; Cystic Fibrosis; Diabetes Type I; Diabetes Type II; S pina Bifida
Epilepsy and Other Seizure Disorders; Sickle Cell Anemia; Tourette's Syndrome; Life-Threatening Food Allergies

May your child be administered the following over-the-counter medications?

Ibuprofen (<i>Advil</i>) – Age 12 and up	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gold Bond anti-Itch cream (<i>not a steroid</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Triple-antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Homeopathy (<i>for bumps, insect stings, etc.</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Menthol cough drops (<i>such as Halls</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Acetaminophen (<i>Tylenol</i>) – Age 5 and up	Yes <input type="checkbox"/> No <input type="checkbox"/>

If child is between 5 to 11 years old, give his/her weight for proper dose of acetaminophen _____

CONSENT for EMERGENCY MEDICAL TREATMENT

The law requires parental permission for medical procedures on minors. This consent form will help KNCS avoid unnecessary delays in getting treatment for a student in serious need. No major operations will be performed, *except in an emergency*, without parents being contacted and fully informed.

I hereby give permission to representatives of the Kempton New Church School to allow medical personnel to perform accepted procedures for the diagnosis and treatment deemed necessary for my child *in the case of a medical emergency*. KNCS representatives may release to health care providers any health information regarding my child that may prove relevant to his/her immediate care.

Parent Signature _____ Date _____