

KEMPTON NEW CHURCH SCHOOL

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

2025-2026

HEALTH and CONTACT INFORMATION

STUDENT NAME _____ Grade ____ Birth Date _____

Address _____

FATHER / GUARDIAN

MOTHER / GUARDIAN

Name _____ Name _____

Cell phone number _____ Cell phone number _____

Home phone number _____ Home phone number _____

Work phone number _____ Work phone number _____

E-mail address _____ E-mail address _____

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

Name _____ Phone number _____

Name _____ Phone number _____

For anonymous data requested by our school district, please circle whichever
of the following conditions 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; Spina Bifida; Epilepsy and Other Seizure Disorders; Sickle Cell Anemia; Tourette's Syndrome; Life-Threatening Food Allergies

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:

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 _____