File: JLCE – E

FIRST AID AND EMERGENCY MEDICAL CARE CARD

Student Information	
Name	Address
ID number	Grade
Date of birth	
Medical/Physician Information	
Physician's Name	Phone
Hospital Preference	
Insurance Company	
Dentist's Name	Phone
Known medical conditions/concerns: _	
Known allergies to medicines/drugs: _	

Minor Injury

I understand that in the case of minor injury* Centennial BOCES personnel shall administer first aid and send my child back to class.

Serious Injury (but not threatening to life, limb or digit)

In the event my child is in pain or requires medical treatment beyond first aid for a serious, but not life/limb or digit threatening, injury*, I understand Centennial BOCES will attempt to contact me (or any of the persons I have listed below) so that I can obtain medical treatment for my child.

Severe Injury (threatening to life, limb, or digit)

In the event my child suffers a severe injury or illness requiring immediate medical attention*, I understand that Centennial BOCES personnel will call 911 to notify emergency health personnel. Centennial BOCES personnel will then attempt to contact me (or any of the persons I have listed below) so that I may proceed to the hospital.

(*as determined by appropriate Centennial BOCES personnel)

I hereby authorize, consent to, and agree to be responsible for any costs associated with the transportation of my child, including ambulance service and any medical tests, procedures, and/or treatment performed on my child as deemed necessary by a medical health professional.

Parent/guardian	Phone	
Parent/guardian	Phone	
Other contact	Phone	
Relation to student		
I understand that Centennial BOCES personnel of faith effort to provide emergency care of assistant		good
Parent/guardian signature		
Date		

Please keep a copy of this form for your records. Important: Please contact your school immediately if any information changes.

Revised: September 20, 2018

Centennial BOCES

Contact information