



Beulah Baptist Christian School

5001-21 Spruce Street – Philadelphia, PA 19139

(215) 747-3347 phone – (215) 747-7871 fax

Student Emergency Medical Information

Student's Information

Grade _____

Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip code _____

Home Phone (_____) _____ - _____ Social Security Number ____ - ____ - _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number (_____) _____ - _____

Mother's Information

Last Name _____ First Name _____

Employer _____ Work Number (_____) _____ - _____

Cell Number (_____) _____ - _____ Other Phone (_____) _____ - _____

Email: _____

Father's Information

Last Name _____ First Name _____

Employer _____ Work Number (_____) _____ - _____

Cell Number (_____) _____ - _____ Other Phone (_____) _____ - _____

Email: _____

Emergency Contact Information

1. Name _____ Phone Number (_____) _____ - _____

2. Name _____ Phone Number (_____) _____ - _____

3. Name _____ Phone Number (_____) _____ - _____

General Medical History

List of Allergies: _____

List of Medications: _____

Date of child's last tetanus shot _____ Child's overall health condition _____

Additional Comments/Information

Authorization For Treatment

I give permission for the hospital/emergency technicians to give my child medical attention in the event of my absence.

Signature _____ Date _____

I do not give permission for the hospital/emergency technicians to give my child medical attention in the event of my absence. Signature _____ Date _____