



West Fallowfield Christian School

2024-25 School Year

Information for Medical Emergency/Release Form

Contact Information

Family Last Name: _____

Home District: _____

Address: _____

Student(s):

_____	_____	_____
Name	Grade	Date of Birth
_____	_____	_____
Name	Grade	Date of Birth
_____	_____	_____
Name	Grade	Date of Birth
_____	_____	_____
Name	Grade	Date of Birth

Please provide phone numbers and indicate the order to be followed when it is necessary to communicate with a parent. (1 = call 1st, 2 = call 2nd, 3 = call 3rd, 4 = call 4th)

Parent/Guardian #1:

Name

Email

Cell Phone

Work Phone

Call Order #

Call Order #

Parent/Guardian #2:

Name

Email

Cell Phone

Work Phone

Call Order #

Call Order #

If parent/guardian cannot be reached, please provide family and/or friends that have permission for pick-up:

_____	_____	_____
Contact	relationship to student	phone
_____	_____	_____
Contact	relationship to student	phone
_____	_____	_____
Contact	relationship to student	phone

Health Information

It may become necessary to administer medicine to students during the school day. Please indicate your permission to distribute acetaminophen. **ASPIRIN WILL NOT BE GIVEN TO STUDENTS.**

_____ You may give the recommended dose of Tylenol to my child(ren) as needed.
Check one

_____ Please call me before administering Tylenol to my child(ren).
Check one

What is your preference for a hospital in an emergency? _____

Doctor to be notified: _____
Name Phone

Dentist to be notified: _____
Name Phone

There may be a need for a student to require emergency medical care from the physicians at LG Health Physicians Family Medicine County Line or treatment in an emergency room at a local hospital. If you desire for your child to receive emergency treatment, please sign below. In the event of an emergency, every effort will be made to contact you or those persons listed on this form, prior to treatment.

Signature of Parent/Guardian Date

Is a clinic or doctor currently treating your children? _____
Yes or No?

If yes: _____
Name Reason for treatment

Is your child currently taking any medication regularly? _____
Yes or No?

If yes: _____
Name Medication

Name Medication

Does medication need to be administered at school? _____
Yes or No?

**All medication is to be stored in the office and dispensed under the supervision of office staff.*

Please list any **ALLERGIES** (food, seasonal, etc.)

What is the usual treatment plan for your children's allergies? (i.e. Benadryl, EpiPen) _____

Please list any dietary restrictions or food issues.

Has your child experienced seizures or convulsions in the past year? _____
Yes or No?

If yes: _____
Name Frequency

Treatment

Has your child had any other illnesses, accidents, or broken bones? _____
Yes or No?

If yes: _____
Please explain

Are there any additional health needs/concerns that you can share? _____
Yes or No?

If yes: _____
Please explain

Please keep us updated as changes occur throughout the school year regarding contact information or medical circumstances and health information.

Signature of Parent/Guardian

Date

Doctor to be notified:

Name

Phone

Dentist to be notified:

Name

Phone

Church Affiliation

Church your family attends:

Name

Phone

Address

Email address

Pastor's Name

Phone

Email address

Transportation

What mode of transportation do you plan on **PRIMARILY** using for the 2024-2025 School Year?

AM

Home District Bus

Carline

PM

Home District Bus

Carline

Early Dismissal

In the event of an **EARLY DISMISSAL** due to inclement weather, we will announce changes through the **Remind App, email, Facebook, Instagram and our website www.wfcs.org**, as well as through local media outlets such as **WDAC (94.5), WCAU-TV (Channel 10), WPVI-TV (Channel 6), and WGAL-TV (Channel 8)**. Text "**@wfcsfamily**" to the number "**81010**" to sign up for Remind text alerts.

I understand that I will need to listen for the status of **both WFCS and my district of residence, as buses will run according to my district's schedule and NOT on the WFCS schedule. In the event of an early dismissal:*

Check one

My child(ren) should be transported home as usual. Provisions are made for them in the event of an early dismissal.

Check one

I will email the school with notification of a change in transportation for that day.

Publicity Release

There are occasions when publicity pictures are taken of our students for our school website, social media, newspaper articles, and promotional materials. Please indicate your acceptance:

Check one

YES, you may photograph my children for WFCS publicity.

Check one

NO, please do not photograph my children for WFCS publicity.

While we appreciate the publicity on social media, we ask that you ***do not post pictures of other children on social media unless you have consent from the parents.*** Thank you for your consideration in protecting the rights and privacy of all WFCS families.

Signature of Parent/Guardian

Date