



The River Learning Academy
Emergency Health Record

To be completed by Parent(s) one for each student

Date: _____

Student Name: Last _____ First _____ Middle _____

Preferred Name: _____ Grade: _____ Gender: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Employer: _____ Position: _____ Phone: _____

Mother/Guardian _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Employer: _____ Position: _____ Phone: _____

Marital Status: Married Divorced Remarried Separated Widow/Widower Single

If divorced, who has legal custody? Father Mother Joint Other: _____

List **3 LOCAL PEOPLE** that we can call in case of an emergency if parent(s) cannot be reached.

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Church Attending: _____ Phone: _____

Church Address: _____ Pastor: _____

Family Physician: _____ Phone: _____

Hospital Preferred: _____

Permission to use: Tylenol: _____ Ibuprofen: _____ Advil: _____ Neosporin: _____

Allergies, Medications, or Other Concerns: _____

Insurance Company: _____

Policy Number: _____

Insured's Name: _____

Parent Permission and Medical Release:

I hereby give permission to River Learning Academy staff to obtain any necessary medical treatment or hospital care for the above mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the River Learning Academy staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Father/Guardian Signature: _____

Mother/Guardian Signature: _____