



River City Believers Academy
EMERGENCY INFORMATION CARD

Name: _____ D.O.B: _____
 Last First M.I.

EMERGENCY CONTACTS: (List in the order you want us to call)

 Name Relationship to student Cell / Alt Phone Cell / Alt Phone

 Name Relationship to student Cell / Alt Phone Cell / Alt Phone

Student's

Doctor: _____
 Name Address Phone Hospital

Allergies & Medical History

Does student wear glasses? Y N Does student wear contacts? Y N Does student wear hearing aides? Y

Please list any allergies to: _____ Medication: _____ Other: _____
 Food: _____ Insect Bites: _____

Check those illnesses this student has had and / or any health condition of which the school should be aware. If possible, _____ when condition first detected:

_____ Asthma _____ Diabetes _____ Heart Condition _____ Other: _____
 _____ Convulsions _____ Epilepsy _____ Hepatitis _____

Does student take any medication or use an inhaler on a regular basis? Y N

If yes, please explain diagnosis, medication, dosage and frequency:

Note: River City Believers Academy will NOT administer any medication to students without a physician's specific, written permission and completion of a Medication Administration Request - See school office for more information

I authorize RCBA to administer the following over-the-counter medicines, per the manufacturer's recommendation:
 Tylenol / _____
 Ibuprofen _____ Pepto Bismol _____ Benadryl _____ Cough Drops / _____

Additional health problems not previously discussed:

River City Believers Academy desires to provide the best emergency care for your student, but does not assume any financial responsibility. By signing this card you are giving appropriate school personnel authority to request EMS or to obtain medical care if the emergency contact cannot be reached.

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N

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