

**San Gabriel Christian School**

**Emergency Contact and Medical Information for International Student**

While a student at SGCS, student will be living with (check one)

\_\_\_\_ Host Family \_\_\_\_ Legal Guardian \_\_\_\_ Relative \_\_\_\_ Parent \_\_\_\_ Not Yet Known

Contact Information for person checked above:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address \_\_\_\_\_

Agency Name (If applicable) \_\_\_\_\_ Name of Agent \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

**Medical/Allergy Information**

Please list any special needs (hearing, vision, other) that may affect your child's learning.

\_\_\_\_\_

Please list any health concerns (asthma, allergies, and physical limitations):

\_\_\_\_\_

If Your child is currently under a physician's care, please explain.

\_\_\_\_\_

Please list any other information about your child you would like us to know:

\_\_\_\_\_

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**Parental Release for the Administration of Medication by School Personnel**

Administering medication at school is a service/ accommodation which the school is not legally required to perform. By signing this form, I agree to hold the school and its' employees free from any responsibility and liability including but not limited to negligence regarding the medication and the manner in which it was administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I also release SGCS from all liability for drug reactions that my child may suffer from this medication.

**Over –the Counter Medications:**

I give permission for the staff of SGCS to administer the following over the counter medications as needed according to the recommended dosage chart for weight and age:

\_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen/Advil \_\_\_\_\_ Benadryl  
Student's Age: \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**Prescription Medications**

I give permission for the staff of SGCS to administer the following prescription medication as directed by a physician (prescription medication must be in original pharmacy container and labeled with child's name and physician's instructions):

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time to be administered \_\_\_\_\_  
Dispensing & storage Information: \_\_\_\_\_ Possible side Effects \_\_\_\_\_

**Carpool/Pick-Up Authorization**

I give permission for the following people to pick up \_\_\_\_\_ from school: \_\_\_\_\_

\_\_\_\_\_

**I /we declare that all the information given is true and correct**

Father's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_