

# COMMUNITY CHRISTIAN ACADEMY



# KINGS

## Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, e.g. asthma, diabetes, or seizures.

**This section to be completed by the children's center:**

Student Information	
Student's Name _____	Condition _____
Symptoms _____	Name of School Last Attended _____
Medication/Supplies to be available _____	

Name of Adult(s) trained to respond to the emergency \_\_\_\_\_

This section to be completed by parent or health care provider:
The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____

**Hospital Preference:** \_\_\_\_\_  
*Name* *City*

Parent or guardian's signature \_\_\_\_\_

Administrator's signature \_\_\_\_\_

Date \_\_\_\_\_

**See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.**