



Lucaya International School

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2017-2018 Annual Student Emergency Contact Form Print clearly or type form. Please complete entire form, sign and date.

Student Name: _____ Year _____
(Last) (First) (Middle)

In case of an accident or sudden illness to your child while at school, whom do you wish us to notify? (Local contacts only, please.) *Please list persons to contact in order of preference*

- 1) _____
Name Phone Mobile Relationship
- 2) _____
Name Phone Mobile Relationship
- 3) _____
Name Phone Mobile Relationship

Local Family Physician/Pediatrician: _____
(Name/Address) (Phone)

Medical History:

Does the child have any physical disability or health concerns? (Please circle) Yes No *(If yes, please explain.)*

Does your child suffer from any life threatening allergies? (Please circle) Yes No *(If yes, please list and describe symptoms)*

Does the child wear contacts or glasses? Yes - Contacts ___ Yes - Glasses ___ No ___

Is your child's activity restricted in any way? Yes ___ No ___
(If yes, please how and why.)

Medications: _____
(Please indicate any and all medications child is receiving along with reason for medication.)

Do you give LIS permission to administer oral over-the-counter medications, eg. Tylenol or Ibuprofen, to your child if needed? (Please circle) Yes No

In case an emergency should arise with your child, are there any medical treatments that are prohibited on medical, religious or cultural grounds (i.e. blood transfusions)? _____

I/we hereby give LIS permission to seek medical assistance for the above listed student in a medical emergency if in the judgment of school authorities it is so warranted.

Mother/Guardian Signature

Father/Guardian Signature

Date: Month/Day/Year

Date: Month/Day/Year