

Emmanuel Christian School
Emergency Contacts & Information
Field Trips & Athletic Events
 2017-2018

PLEASE COMPLETE FOR ALL GRADES K2-12TH

Student's Full Name _____ Goes by _____ Grade _____

Address _____ County _____

PARENT INFORMATION

<i>Father/Guardian</i> <input type="checkbox"/> <i>Lives with</i>	<i>Mother/Guardian</i> <input type="checkbox"/> <i>Lives with</i>
Name _____	Name _____
Relationship to applicant _____	Relationship to applicant _____
Phone _____	Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Address (if different from student's) _____	Address (if different from student's) _____

STUDENT INFORMATION

Student Allergies _____

Student Medications _____

Name of Insurance Company _____

Policy Number _____

EMERGENCY INFORMATION

If parents cannot be reached, contacts will be called in the order listed. Students will only be released to those persons checked below.

	Name	Relationship to student	Phone	
1				<input type="checkbox"/> <i>Permission to pick up</i> <input type="checkbox"/> <i>Call in emergency</i>
2				<input type="checkbox"/> <i>Permission to pick up</i> <input type="checkbox"/> <i>Call in emergency</i>
3				<input type="checkbox"/> <i>Permission to pick up</i> <input type="checkbox"/> <i>Call in emergency</i>
4				<input type="checkbox"/> <i>Permission to pick up</i> <input type="checkbox"/> <i>Call in emergency</i>
5				<input type="checkbox"/> <i>Permission to pick up</i> <input type="checkbox"/> <i>Call in emergency</i>

Permission to medicate: By checking this box, I give permission for my child to be given over the counter medication at school. *If prescription medication needs to be administered at school, please contact the front office.*

Medical Authorization:

I, who by law may do so, authorize the administration of emergency medical treatment to he/she who is subject of the form. I understand that all reasonable safety precautions will be taken at all times by Emmanuel Christian or its agents in the event of an accident, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact the person above immediately.

Signature of Parent/Guardian _____ Date _____