

EMERGENCY CONTACT FORM



For Office Use:
Grade K 1 2 3 4 5 6 7 8
PK Full Day / Half Day
Teacher _____

STUDENT INFORMATION

SCHOOL YEAR _____

LAST NAME: _____ FIRST: _____ MI: _____ SEX: M / F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: ____/____/____ AGE: _____ GRADE: _____

PARENT INFORMATION

PARENT 1 RELATIONSHIP TO STUDENT: _____ NAME: _____ ADDRESS: _____ OCCUPATION: _____ PLACE EMPLOYED: _____ WORK _____ CELL _____

PARENT 2 RELATIONSHIP TO STUDENT: _____ NAME: _____ ADDRESS: _____ OCCUPATION: _____ PLACE EMPLOYED: _____ WORK _____ CELL _____

EMERGENCY CONTACTS

If parent(s) cannot be reached, we should contact the following persons. These persons are authorized to pick up the student. Please provide addresses for ID purposes.

CONTACT # 1

NAME: _____ ADDRESS: _____
PHONE: _____ RELATIONSHIP TO STUDENT: _____
CELL: _____ WORK PHONE: _____

CONTACT # 2

NAME: _____ ADDRESS: _____
PHONE: _____ RELATIONSHIP TO STUDENT: _____
CELL: _____ WORK PHONE: _____

CONTACT # 3

NAME: _____ ADDRESS: _____
PHONE: _____ RELATIONSHIP TO STUDENT: _____
CELL: _____ WORK PHONE: _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ PHONE _____

LIST DISABILITIES, ALLERGIES, MEDICAL CONDITIONS, OR ANY MEDICATION PRESENTLY OR REGULARLY USED:

DOES YOUR CHILD HAVE ANY SEVERE ALLERGIC REACTIONS? YES _____ NO _____

PLEASE EXPLAIN: _____

I am aware that In case of a medical emergency and cannot be contacted during the school day, the administration of Gladeview Christian School will call (911) for my child. I am also aware that the school will call 911 when my child has a fever of 103 and higher.

INITIALS _____

The office staff is allowed to administer non-prescription medication (Tylenol, Motrin) within the dosage recommendations. I will be notified to authorize the dispensing. In the event that neither I nor any of my contacts can be reached, GCS will administer non-prescription medications if my child has a temperature of 102 or higher.

YES _____ NO _____ INITIALS _____

FATHER'S SIGNATURE: _____ DATE _____

MOTHER'S SIGNATURE: _____ DATE _____