



STUDENT EMERGENCY CONTACT FORM

Student Name _____ DOB _____ Grade _____

Last

First

Street/PO Box _____ City/Town _____

Home Phone # _____ Cell # _____ Internet Available at home Yes No

Email _____ I would prefer to be contacted via _____

Child Lives With: () Both () Mother () Father () Guardian

Mother _____ Father _____

Employer _____ Phone # _____ Employer _____ Phone # _____

List Four Emergency Names and phone numbers of people who have permission to assume temporary care of your child if you cannot be reached:

1) Name _____

2) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

3) Name _____

4) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

List the names of any person(s) **Not Authorized** to pick-up your child(ren):

1) Name _____

2) _____



Medical Information

For educational purposes, I wish to share the following information with Shepherd of God Christian Academy Staff:

Health Conditions _____ Allergies _____

Medications _____

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me. I hereby authorize the school to call the physician below to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary. **

Signature of Parent or guardian (required) _____

Today's Date _____

Physicians Name _____ Dentist's Name _____

Office Phone # _____ Office Phone # _____