

# Emergency Contact

## 1. Student Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Home tel. # \_\_\_\_\_ Birth date \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School year \_\_\_\_\_

## 2. Parent/Guardian Information

Father's/Guardian's name \_\_\_\_\_ Home tel. # \_\_\_\_\_

Work tel. # (w. ext.) \_\_\_\_\_ Cell tel. # \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's/Guardian's name \_\_\_\_\_ Home tel. # \_\_\_\_\_

Work tel. # (w. ext.) \_\_\_\_\_ Cell tel. # \_\_\_\_\_

E-mail \_\_\_\_\_

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the head of school immediately if there are any court orders restricting noncustodial parents or others from contact with the child. Provide the head of school with a copy of the order.

## 3. Child Care Provider Information

Those designated below are authorized to pick up my child from school in an emergency:

Child care provider's name \_\_\_\_\_

Tel. # \_\_\_\_\_ Cell tel. # \_\_\_\_\_

## 4. Local Contact information (Designate 2 Parents in Our School)

Those designated below are authorized to pick up my child from school in an emergency:

1. Local contact's name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # (w. ext.) \_\_\_\_\_

Cell tel. # \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Local contact's name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # (w. ext.) \_\_\_\_\_

Cell tel. # \_\_\_\_\_ E-Mail \_\_\_\_\_

## 5. Out of Town Contact Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home tel. # \_\_\_\_\_ Work tel. # (w. ext.) \_\_\_\_\_

Cell tel. # \_\_\_\_\_ E-Mail \_\_\_\_\_

## 5. Medical/Physician Information

List student's known allergies or medical condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's name \_\_\_\_\_ Tel. # \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance company \_\_\_\_\_

Dentist's name \_\_\_\_\_ Tel. # \_\_\_\_\_

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please keep a copy of this form for your records. Important: Please update your school immediately if any information changes.

## In Town Field Trip

I give permission for \_\_\_\_\_ to go on any field trips in the Ephrata area for the 2017-2018 school year. (Student's Name)

The field trips will be supervised by a teacher(s). We are releasing New Life Christian School from any liability that may result during these trips.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

## Release of Information

New Life Christian School is permitted to publicly release certain information about students such as name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized sports and activities, diplomas and awards received, and honor roll. If parents or guardians do not wish such information released, they should notify the school in writing. If there is no response, New Life Christian School will assume that there is no objection to the limited release of such information. We will make every reasonable effort to protect the privacy of students.

I have read and agree with the Release of Information.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)