

Emergency Form

2017 - 2018

Name _____
Last First Middle

Date of Birth _____ **Custody papers?** ____ (fill in back side)

Home Phone _____ **Addl. Info. On Back** _____

Address _____
Street City State Zip

Mothers Name _____ **Cell Phone** _____

Employer _____ **Work Phone** _____
Company Name / Location

Fathers Name _____ **Cell Phone** _____

Employer _____ **Work Phone** _____
Company Name / Location

Medical Insurance Information

Company _____ **Policy #** _____

Child's Physician _____ **tel.** _____

Allergies / Medications _____

Medical Problems _____

OTHERS TO CALL IF YOU CANNOT BE REACHED (must fill in – see back also)

Name _____ **tel.** _____

Relationship to child _____

Name _____ **tel.** _____

Relationship to child _____

_____ **Extended Care** AM _____ Noon _____ PM _____

_____ **Rides the Bus** AM _____ Noon _____ PM _____

_____ **Car Pick Up** **By Whom** _____ **tel.** _____

In the event of a medical emergency every effort will be made to contact either parent. If neither parent can be reached, Cornerstone Christian School has my permission to grant any medical authority the right to administer emergency medical treatment deemed necessary for my child, _____.

Parent / Guardian Signature _____ **Date** _____

Additional pick up or contact list

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Additional Information

CUSTODY INFORMATION

- Joint Physical Custody
 - Sole Physical Custody - Mother
- Is the other parent able to pick up child? Yes/ No
- No Contact Order

Name

COPY OF CUSTODY PAPERWORK MUST BE ON FILE IN OFFICE!