

# Emergency Form

2018 / 2019

**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**

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