

## **Emergency Contact Information 2017-2018**

Student's Name: \_\_\_\_\_

### **In Case of Emergency:**

Mother's Name: \_\_\_\_\_ Phone number during school hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone number during school hours: \_\_\_\_\_

In the event of an emergency, parents will always be contacted first. Should parents not be available, we will contact the names listed below. It is important to notify these persons in advance as to the possibility of assuming temporary care of your child. Please include people who live locally, who are available, and who will assume temporary care of your child if you cannot be reached. It is understood that your child may also be released to any of the person's listed below:

### **Emergency Contacts: (Minimum of one additional local contact is required)**

1. _____ Name	_____ Relationship	_____ City
_____ Home Phone	_____ Work Phone	_____ Cell Phone
2. _____ Name	_____ Relationship	_____ City
_____ Home Phone	_____ Work Phone	_____ Cell Phone
3. _____ Name	_____ Relationship	_____ City
_____ Home Phone	_____ Work Phone	_____ Cell Phone
4. _____ Name	_____ Relationship	_____ City
_____ Home Phone	_____ Work Phone	_____ Cell Phone

I give permission for Tylenol to be given when needed by my child: YES / NO Initials \_\_\_\_\_

***Please circle one, then initial blank***

I give permission for Advil/ Motrin to be given when needed by my child: YES / NO Initials \_\_\_\_\_

***Please circle one, then initial blank***

I understand that the above emergency contact names are in effect as of the signing of this emergency information page. Changes to the emergency contacts for the 2017-2018 school year must be made in writing and forwarded to the school office. Initials \_\_\_\_\_

#### **Parent Release:**

As a parent or legal guardian, I authorize a licensed physician to examine the above named student, and in the event of an injury, to render such emergency care as he/she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I father authorize the school authorities to send the above named student to the most accessible hospital or physician.

I will not hold Wildwood Christian Academy financially responsible for the emergency care and/ or transportation of said child. This authorization shall remain effective until the last day of the school year noted on the front of this application unless revoked in writing and delivered to Wildwood Christian Academy.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_