

Southwest Ranches Christian Academy

After-School Tutoring Program

Emergency Contact & Medical Authorization Form

Student Information

Student Full Name: _____

Date of Birth: _____

Grade Level: _____

Home Address: _____

Parent/Guardian Information

Mother's Name: _____

Mother's Phone Number: _____

Father's Name: _____

Father's Phone Number: _____

If applicable, Guardian's Name: _____

Guardian's Phone Number: _____

Emergency Contact (other than parent/guardian)

Name: _____

Phone Number: _____

Relationship to Student: _____

Medical Information

Physician's Name: _____

Physician's Phone Number: _____

Preferred Hospital: _____

Does your child have any medical conditions or allergies? Yes / No

If yes, please describe: _____

Does your child require any medication during program hours? Yes / No

If yes, please list and describe: _____

Medical Treatment Authorization

In the event of an emergency and I cannot be reached, I hereby authorize the staff of Southwest Ranches Christian Academy to obtain medical treatment for my child, including transportation to a hospital or emergency facility if necessary.

I understand that every effort will be made to reach me before such action is taken.

Signature of Parent/Guardian: _____ Date: _____

Notary Section (To be completed by a Notary Public)

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____
(Parent/Guardian Name).

Personally Known _____ OR Produced Identification _____

Type of ID Produced: _____

Signature of Notary Public: _____

Printed Name of Notary: _____

Commission Number: _____

My Commission Expires: _____