

SUSSEX CHRISTIAN SCHOOL

Challenging the Mind; Strengthening the Spirit



EMERGENCY INFORMATION FORM 2016-2017 SCHOOL YEAR

STUDENT INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade</u>
1. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
2. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
3. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
4. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
5. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

PARENT/GUARDIAN #1 INFORMATION

Last Name: _____ First Name: _____

Relationship to Student(s): Father Mother Legal Guardian

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Name of Employer: _____ Work Phone #: _____

Address of Employer: _____

Indicate Days at Work: Mondays Tuesdays Wednesdays Thursdays Fridays Hours: _____

PARENT/GUARDIAN #2 INFORMATION

Last Name: _____ First Name: _____

Relationship to Student(s): Father Mother Legal Guardian

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Name of Employer: _____ Work Phone #: _____

Address of Employer: _____

Indicate Days at Work: Mondays Tuesdays Wednesdays Thursdays Fridays Hours: _____ (over)

GENERAL INFORMATION

Name of local public school district: _____

Indicate type of transportation most used by your child(ren) to get to and from school: Bus Personally Driven

In the event of illness/accident, please contact: Parent/Guardian #1 Parent/Guardian #2 Both

ALTERNATE CONTACT INFORMATION

In the event of an emergency and you cannot be reached, list 2 individuals whom you authorize to be contacted and have your child(ren) released to:

1st Contact's Name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Relationship to Student(s): _____

2nd Contact's Name: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Relationship to Student(s): _____

HEALTH INFORMATION

Physician's Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Insurance: _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM

Please list any special health concerns or needs the school should be aware of (allergies, medications, medical conditions, etc.) Be sure to list the name of the student and his/her related concern.

PARENT/GUARDIAN AUTHORIZATION

I hereby authorize Sussex Christian School to obtain necessary medical services for my child(ren) in case of an emergency and I cannot be contacted. I also authorize the school to release my child(ren) to the alternate contacts listed above in the case of an emergency and they are unable to reach me.

Parent/Guardian Signature: _____ Date: _____
