

# EMERGENCY INFO FORM

## CITY CHRISTIAN SCHOOLS

COMPLETE ALL BLANKS IN BLUE OR BLACK INK. IF NONE, INDICATE "NONE."

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Middle)

Grade \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent's Name \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_

Father's Work # (\_\_\_\_\_) \_\_\_\_\_ Mother's Work # (\_\_\_\_\_) \_\_\_\_\_

Father's cell ph. # (\_\_\_\_\_) \_\_\_\_\_ Mother's cell ph.# (\_\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Name of Medical Insurance Co. \_\_\_\_\_ Group or I.D. # \_\_\_\_\_

### Local Family/Friend who should be contacted in an emergency situation when parents cannot be reached:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Tetanus Immunization Date \_\_\_\_\_ Allergies (medications, food, drugs, insects, etc.) \_\_\_\_\_

During the past year my child:

If Yes, please comment

Has had injuries requiring medical care .....  No  Yes \_\_\_\_\_

Has had a surgical problem.....  No  Yes \_\_\_\_\_

Has had chronic illness or other problem.....  No  Yes \_\_\_\_\_

Do you know of any reason why your child  
should not participate in any activity? .....  No  Yes \_\_\_\_\_

Medications taken on a regular basis .....  No  Yes \_\_\_\_\_

Are immunizations current?.....  No  Yes \_\_\_\_\_

Special health problems (i.e., diabetes, seizure disorder, asthma, etc.) \_\_\_\_\_

- Our child has permission to participate and travel with the coach and/or advisor in all supervised field trips and extracurricular activities. I understand that school authorities will use their best judgment in determining emergency care and procedures. Please check the box at the left giving your permission.
- My junior high/high school child has permission to travel off campus with a CBC/CCS staff member (paid or volunteer) in the staff member's personal vehicle when involved in an occasional, short term, unscheduled activity the administration considers appropriate.

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

