

FOOTHILL CHRISTIAN SCHOOL

Emergency Information

Student's Name _____ **Grade in Fall** _____
Birthday _____ Social Security # _____ Phone () _____
Address _____ City _____ Zip _____
Child lives with: mother father stepmother stepfather other _____
Custody documents (if applicable): attached on file in office

REQUIRED: To view grades, assignments and report cards on-line, families must provide at least one e-mail address below:

Father's e-mail: _____ Mother's e-mail: _____

Father _____ Home # () _____
Home Address _____ Cell # () _____
City _____ State _____ Zip Code _____
Business Name _____ Work # () _____
Business Address _____ Work Schedule _____

Mother _____ Home # () _____
Home Address _____ Cell # () _____
City _____ State _____ Zip Code _____
Business Name _____ Work # () _____
Business Address _____ Work Schedule _____

Family Physician or Pediatrician _____ Phone () _____
Address _____
Insurance Company _____ Identification _____

Special medical problems/instructions _____

Emergency contacts to whom your child may be released if unable to contact parents. They should be locally available and able to transport student.

1. Name _____ Relationship to child _____
Address _____

Home # () _____ Cell # () _____ Work # () _____

2. Name _____ Relationship to child _____
Address _____

Home # () _____ Cell # () _____ Work # () _____

Student will be released only to above stated alternates. If a change of alternate is desired, please notify the school in writing. Anyone other than the individuals who are listed above must have a note in writing and signed by one of the above parents before a child may be released. (If applicable, a copy of official custody orders should be provided to the school.)

MEDICAL AUTHORIZATION

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of FOOTHILL CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such a treatment as the physician may deem necessary.

Signature of (mother) or (female guardian)

Date _____

Signature of (father) or (male guardian)

Date _____