

# Abundant Life Christian School

## 2010-2011 Student Emergency Form

(Please complete & return to school office by 8/24/10.)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Information	
Parent/Guardian Name:	Parent/Guardian Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Medical Information
<p>In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident, I hereby authorize Abundant Life Christian School to seek the necessary medical treatment for my child.</p>
<p><b>Signature:</b> _____</p>
<p>Clinic/Hospital: _____</p>
<p>Physician: _____ Phone: ( ) _____</p>
<p>Physician's Address: _____</p>
<p>List adverse reaction to medication, allergies (food, bee stings, etc.), asthma or any other pertinent information medical personnel should know when treating your child.</p>
_____
_____
_____

Alternate Emergency Contact Information
<p>In the event of an emergency involving your child, ALCS will attempt to contact parent or guardian first. However, if you are unavailable, we would like two alternate contacts.</p>
<p><b>Contact #1:</b></p>
<p>Name: _____ Relationship to Student: _____</p>
<p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
<p>Address: _____</p>
<p>Street City Zip</p>
<p><b>Contact #2:</b></p>
<p>Name: _____ Relationship to Student: _____</p>
<p>Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
<p>Address: _____</p>
<p>Street City Zip</p>