

Student Name: _____ **Birthdate:** _____ **Grade:** _____

Emergency Contact Information

Mother/Guardian Name: _____	Father/Guardian Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Medical Information/Permission to Treat:

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.

Signature: _____

Insurance Carrier: _____ Hospital: _____

Clinic: _____ Physician: _____

Clinic Address: _____ Phone: _____

Dentist: _____ Phone: _____

List adverse reaction to medication, allergies (food, bee stings, etc.), asthma or any other pertinent information medical personnel should know when treating your child. *(continue on reverse if needed)* _____

Permission to Administer Medications (Must be provided by Parents)

Acetaminophen/Tylenol Dose: _____ Ibuprofen/Motrin Dose: _____
 Cough Drops Dose/Qty: _____ Aleve/Naproxen Dose: _____ Midol/Pamprin Dose: _____

Alternate Emergency Contact Information

In the event of an emergency involving your child, ALCS will attempt to contact parent or guardian first. However, if you are unavailable, please provide two or three alternate contacts who are NOT the parents. *These contacts are considered to have permission to pick up your children in the event that we cannot reach you.*

Contact #1: Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #2: Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #3: Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____