

**Southside Christian School
Emergency Contact Form
2017-2018**

Parent/Guardian Information:

Please Print

Father/Guardian _____ Employment _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Does student live with you? ___ Yes ___ No ___ Other; Please Explain _____

Mother/Guardian _____ Employment _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Does student live with you? ___ Yes ___ No ___ Other; Please Explain _____

Name of Student _____ **Grade** _____ **Birth Date** _____ **Shirt Size** _____

Any Allergies? _____

Significant medical conditions of which we should be aware of? _____

Is this student taking medication for an on-going condition? ___ Yes ___ No

Name of Medication _____ For what purpose? _____

Name of Student _____ **Grade** _____ **Birth Date** _____ **Shirt Size** _____

Any Allergies? _____

Significant medical conditions of which we should be aware of? _____

Is this student taking medication for an on-going condition? ___ Yes ___ No

Name of Medication _____ For what purpose? _____

Name of Student _____ **Grade** _____ **Birth Date** _____ **Shirt Size** _____

Any Allergies? _____

Significant medical conditions of which we should be aware of? _____

Is this student taking medication for an on-going condition? ___ Yes ___ No

Name of Medication _____ For what purpose? _____

Name of Student _____ **Grade** _____ **Birth Date** _____ **Shirt Size** _____

Any Allergies? _____

Significant medical conditions of which we should be aware of? _____

Is this student taking medication for an on-going condition? ___ Yes ___ No

Name of Medication _____ For what purpose? _____

Person to be called in case of an emergency. Someone who will usually know your whereabouts:

Name _____ Relationship _____ Phone _____

Person(s) authorized to pick up your child(ren):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**Southside Christian School
Emergency Contact Form
2017-2018**

Person(s) NOT authorized to pick up your child(ren):

Name _____ Relationship _____ Phone _____

Consent for Medical Treatment:

Should my child become ill or injured while under school supervision, I approve of the school administering minor or incidental first aid. In the event of a more serious illness or injury, I authorize Southside Christian School to:

1. Contact a parent or legal guardian of the student and follow his or her instruction.
2. In the event a parent or legal guardian cannot be reached immediately, the School authorities are hereby authorized to use their best judgement in contacting 911, a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transporting is to be done either by school provided transportation or, if school officials deem it preferable, by ambulance. For information only, the name of my child's physician is:

Dr. _____ Phone Number _____

Preferred Hospital _____ Insurance _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Administrator or her designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Administrator, her designated representative, Southside Christian School their employees and agents from any claims, damages, and/or liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to indemnify and hold the same harmless from any expense or damage incurred relating to said services or treatments.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Permission for Care:

- I give my child(ren) permission to use all the play equipment and participate in all of the activities of the school.
I give permission for my child(ren) to leave the school premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
I give permission for my child(ren) to be included in pictures connected with school programs.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Grandparent's Information:

Our goal is to get your grandparents involved and keep them informed about school activities and events. Please provide their contact information.

Name _____ Address _____ Email _____

Name _____ Address _____ Email _____

Name _____ Address _____ Email _____