

WESTMINSTER CHRISTIAN ACADEMY
Emergency Contact Form

To be completed by parent/guardian:

School Year: _____

Name of Student _____ Date of Birth _____ Grade _____

Please list any allergies to medication, insect bites, food, etc. _____

Is there need for restriction of physical activity? _____ Explain. _____

Is there any unusual problem of which the teacher should be aware? _____ Explain. _____

If your student has had a new diagnosis, serious injury or surgery in the past year, please explain. _____

Does your child take medication daily? _____ Please list any medication that your child takes on a daily basis and for what condition? _____

Please list any medication that your child needs to take during school hours. _____

Medications, whether over-the-counter or prescription, will only be dispensed with permission of a parent. Medication sent to school with a student must be stored in the clinic. Each medication should be in the original container and labeled with the student's name and dosage.

Persons to contact regarding illness or injury:

Parent/Guardian (relationship) _____
Name _____
Home phone _____
Work phone _____
Cell phone _____
Daytime e-mail _____

Parent/Guardian (relationship) _____
Name _____
Home phone _____
Work phone _____
Cell phone _____
Daytime e-mail _____

Contact (**other than parents**) _____
Name _____ Relationship _____

Home phone _____ Cell Phone _____ Permission to pick up Emergency

If preferred, list on the back of the form any other contact who has permission to pick up your child or who can be called in case of an emergency if parent(s) are not available. Please list all the necessary information.

Permission Contract

In the event that during the school day an accident or illness occurs which, in the opinion of the authorities at Westminster Christian Academy, requires a physician's attention and the school is unable to find either parent, the physician or dentist named below may be called to attend to our child named in this application.

Doctor _____
Dentist _____

Phone _____
Phone _____

In the event that the administration of an anesthetic or the performance of emergency surgery is necessary (as for example, in the setting of a broken bone) and neither parent or guardian is available to give permission, we, the below signed parents/guardians, authorize and empower the Principal or Headmaster of Westminster Christian Academy to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery to our child. It is understood that the permission granted is in force from the date of this application during the entire time of our child's enrollment in Westminster Christian Academy unless our legal substitutes or we revoke the permission in writing.

Signature of Parent/Guardian _____ Date _____