

Emergency Information Sheet

STUDENT'S NAME _____ GRADE _____

ADDRESS _____

CITY _____ ZIP _____

PARENT'S/GUARDIAN'S NAME: _____

FATHER:

CELL PHONE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE _____

MOTHER:

CELL PHONE: _____ EMAIL: _____

PLACE OF WORK: _____ PHONE _____

MY CHILD: **MAY** OR **MAY NOT** HAVE TYLENOL IF NEEDED.

MY CHILD: **MAY** OR **MAY NOT** HAVE IBUPROFEN IF NEEDED.

LIST ALLERGIES TO MEDICATIONS/FOODS.

FAMILY PHYSICIAN: _____

ADDRESS _____ PHONE # _____

IN CASE OF EMERGENCY, I GIVE PERMISSION FOR CORNERSTONE CHRISTIAN ACADEMY TO HAVE MY CHILD TRANSPORTED TO THE NEAREST MEDICAL FACILITY.

SIGNATURE

DATE

MY CHILD MAY BE RELEASED TO THE FOLLOWING:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____