



**2016-2017 EMERGENCY INFORMATION**

Please Print Clearly

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Person(s) **NOT** authorized to pick up your child from school: \_\_\_\_\_  
 \_\_\_\_\_

Person(s) authorized to pick up your child from school: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell phone: \_\_\_\_\_

Emergency contacts (in case we cannot reach the parent(s))

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Can pick up

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Can pick up

Please note child's name and any special health concerns: \_\_\_\_\_  
 \_\_\_\_\_

Please note child's name and any special medications they take: \_\_\_\_\_  
 \_\_\_\_\_

Health Insurance Provider: MO HealthNet \_\_\_\_\_ No insurance \_\_\_\_\_

Other (insurance company's name): \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Care Providers:

Family Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Specialist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization for Emergency Medical Care and Transportation**

- In case of emergency illness or accident, the student will be given first-aid and the parent(s)/legal guardian(s) will be notified.
- If the situation warrants immediate care and time is a factor, 911 will be called first.
- If the parent(s), legal guardian(s), or physician cannot be located, the student will be taken by ambulance to the nearest emergency room.
- Cape Christian School does not assume responsibility for any expenses incurred.
- Cape Christian School does not assume responsibility for any situation that may occur as a result of false information or lack of health information.

**I/We the undersigned parent(s) or legal guardian(s) of the student(s)/minor(s) listed above:**

- Grant permission for the administrator or staff person(s) to take whatever steps may be necessary to obtain emergency care if warranted.
- Grant permission for my student to receive appropriate first aid and/or be transported via ambulance to the nearest hospital if the situation warrants emergency care and evaluation.
- Will assume responsibility for all expenses incurred.

Father/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_