



# SUSSEX CHRISTIAN SCHOOL

*Challenging the Mind, Strengthening the Spirit*

## EMERGENCY INFORMATION FORM

2019-2020 SCHOOL YEAR

### STUDENT INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade</u>
1. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
2. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
3. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
4. _____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

### PARENT/GUARDIAN #1 INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student(s):  Father  Mother  Legal Guardian

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Days at Work:  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays Hours: \_\_\_\_\_

### PARENT/GUARDIAN #2 INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student(s):  Father  Mother  Legal Guardian

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Days at Work:  Mondays  Tuesdays  Wednesdays  Thursdays  Fridays Hours: \_\_\_\_\_

**GENERAL INFORMATION**

Name of local public school district: \_\_\_\_\_

Indicate type of transportation most used by your child(ren) to get to and from school:

- Bus  Personally Driven

**ALTERNATE CONTACT INFORMATION**

In the event of an emergency and you cannot be reached, list 2 individuals whom you authorize to be contacted and have your child(ren) released to:

**1st Contact's Name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**2nd Contact's Name:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**HEALTH INFORMATION**

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM**

Please list any special health concerns or needs the school should be aware of (allergies, medications, medical conditions, etc.) Be sure to list the name of the student and his/her related concern.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I hereby authorize Sussex Christian School to obtain necessary medical services for my child(ren) in case of an emergency and I cannot be contacted. I also authorize the school to release my child(ren) to the alternate contacts listed above in the case of an emergency and they are unable to reach me.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_