

CHRIST THE CORNERSTONE ACADEMY EMERGENCY CONTACT

Student's Name _____ 2009/2010- Grade _____

Address _____ City _____ Zip Code _____

PLEASE PRINT

(Please update any changes immediately)

EMERGENCY CONTACTS:

Emergency Contact Person #1: Name _____
(Parent or Guardian)

Relationship: _____ Home Phone # _____ Work Phone # _____

Cell Phone # _____ Pager # _____

Email address _____

Emergency Contact Person #2: Name _____
(Parent or Guardian)

Relationship: _____ Home Phone # _____ Work Phone # _____

Cell Phone # _____ Pager # _____

Email address _____

Emergency Contact Person #3: Name _____

Relationship: _____ Home Phone # _____ Work Phone# _____

Cell Phone# _____ Pager # _____

Emergency Contact Person #4: Name _____

Relationship: _____ Home Phone # _____ Work Phone# _____

Cell Phone# _____ Pager # _____

CONSENT FOR MEDICAL TREATMENT:

As the Parent, Agency Representative or Legal Guardian, I hereby give consent to CHRIST THE CORNERSTONE ACADEMY to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.),

Osteopath (D.O.) or dentist (D.D.S.) for _____ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Medical Group or Record# _____

Name of Physician: _____ Office Phone# () _____

Child has the following medication allergies: _____

Signature of Parent/Agency Representative/Guardian

Date

Home Phone# () _____ Work Phone# () _____

SIGN-OUT AUTHORIZATION: Authorization is granted to the following individuals to sign this student out of school/day care, as directed by Parent/Agency Representative/Guardian

1. Authorized Person _____ Relationship to Student _____ Home Phone: () _____	4. Authorized Person _____ Relationship to Student _____ Home Phone: () _____
2. Authorized Person _____ Relationship to Student _____ Home Phone: () _____	5. Authorized Person _____ Relationship to Student _____ Home Phone: () _____
3. Authorized Person _____ Relationship to Student _____ Home Phone: () _____	6. Authorized Person _____ Relationship to Student _____ Home Phone: () _____

Other Authorization:
