



West Seneca Christian School Emergency Information

Student's Name _____ Birth date: _____
Last First Middle

Student's Name _____ Birth date: _____
Last First Middle

Student's Name _____ Birth date: _____
Last First Middle

Student's Name _____ Birth date: _____
Last First Middle

Student's Name _____ Birth date: _____
Last First Middle

Address _____ City _____ Zip _____

Home Phone _____ Bus # to School _____ Home _____

Email _____ Email _____

To parent or guardian: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls:

	Name	Place of Employment	Work Phone	Cell Phone
Mother/ Guardian				
Father/ Guardian				

CHILD LIVES WITH: (Please Circle all that Apply) Mother Father Other: _____

Legal Custodial Restrictions: () No () Yes _____ Copy of Legal Document Must be provided

List of two emergency contacts who will assume temporary care of your child(ren) if you cannot be reached:

Name		Name	
Address		Address	
Telephone		Telephone	
Relationship		Relationship	

Primary Care Doctor _____ Dentist _____

Telephone Number _____ Telephone Number _____

Other information you would like the administration/nurse to know: _____

"I hereby give my permission for my child(ren) to be transported to _____ Hospital or to the medical facility deemed most appropriate by medical personal."

*** I, the undersigned, do hereby authorize officials of West Seneca Christian School to contact (directly) the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child(ren). To best meet health and safety needs of my child(ren), the nurse May May Not share relevant health information with appropriate school personnel. This information will be kept confidential. In the event that physicians, other persons named on this card, or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child(ren). I will not hold the school financially responsible for the emergency care and/or transportation for said child(ren).

Signature of Parent or Guardian: _____ Date: _____