

2007-2008 EMERGENCY INFORMATION FORM LOUDONVILLE CHRISTIAN SCHOOL

FAMILY LAST NAME (please print): _____

Consent:

Knowing that from time to time illnesses and/or accidents occur, I understand that school officials will make every effort to contact me if my child is sick or injured. However, if the school is unable to reach me in a medical emergency, I give permission to the school to call paramedics or any licensed physician or dentist. I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

Parent/Guardian Signature _____ **Date** _____

Family Physician _____ **Phone** _____

Name of children in family:	Grade:	Health Concerns:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Information:

Mother's Name: _____ **Father's Name:** _____
Home Phone: _____ **Home Phone:** _____
Work Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Cell Phone:** _____
Email: _____ **Email:** _____

List TWO people who have permission to pick up your child when you are unavailable:

Name _____ **Relationship** _____
Home Phone: _____ **Cell Phone:** _____

Name _____ **Relationship** _____
Home Phone: _____ **Cell Phone:** _____

****Please notify the school office as soon as possible if this information changes****

SNOW EMERGENCY/EARLY DISMISSAL

Yes, my child should take the bus home _____ **No**, do not put my child on the bus _____
I will pick him/her up no later than 3:00 p.m.

NO AFTER-CARE WILL BE PROVIDED IN THE EVENT OF A SNOW EMERGENCY.