

EMERGENCY INFORMATION 2016-17 (Please complete one form for each child enrolling.)

Email address _____ Grade _____

Student's First Name _____ MI _____ Last _____

Home address _____ Birth date _____

Phone _____ City _____ Zip _____

Father's name _____ Employer _____

Work phone _____ Cell/pager _____

Mother's name _____ Employer _____

Work phone _____ Cell/pager _____

Name of persons authorized to pick up your child:

1) _____ 2) _____

Emergency contacts other than parents:

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____



Transportation/daycare plans before & after school:

Mon. _____

Tues. _____

Wed. _____

Thurs. _____

Fri. _____

****If the above plans change, please inform the school office with a note immediately. If in question, the above schedule will be followed.**

I hereby grant permission for a doctor/dentist to administer emergency medical treatment if unable to contact a parent. I prefer:

Doctor _____ **Phone** _____ **Dentist** _____ **Phone** _____

And to be taken to (hospital) _____ **Date of Last Tetanus** _____

Allergies to food or medication _____ **Chronic illness/Conditions** _____

Medications currently taking _____

Part I. Permission to Transport Child

I give GCS staff/parents my permission to transport my child, _____ to _____. For emergency medical care or to _____ for emergency dental care, or to the nearest available source of assistance.

Father's Signature

Mother's Signature

Date

Part II. Refusal to Grant Permission to Transport Child

I **do not give** GCS staff/parents my permission to transport my child _____ for emergency medical or dental care. In the event of an illness or injury which required emergency medical or dental treatment. I wish the child care facility to take the following actions:

Father's Signature

Mother's Signature

Date

GCS has permission to use photos/snapshots/video images of our child(ren) in Gilead Christian publications, including the school website, Facebook, and in a newspaper for press releases and other school advertising. ____ Yes ____ No

Signature _____ Date _____