

Grade _____ Home Room or TSA Teacher _____

EDEN CHRISTIAN ACADEMY
EMERGENCY INFORMATION FOR SUDDEN ILLNESS OR INJURY

Pupil's Name _____ Birth Date _____

Address _____

Father's Name _____ Mother's Name _____

Place of employment _____ Place of employment _____

Work phone _____ Work phone _____

Home phone _____ Home phone _____

Cell phone _____ Cell phone _____

E-mail address _____ E-mail address _____

Note: The treatment of a child is primarily a parental responsibility and every effort will be made to contact the parent first. In case of an accident or illness in school and parents cannot be located, please contact: (Please list contacts who are able to drive to school and pick up your child.)

Relative/Neighbor's Name _____ Phone _____ Cell phone _____

Address _____

Relative/Neighbor's Name _____ Phone _____ Cell phone _____

Address _____

In case of emergency and it is necessary to call a physician, please contact:

Family Physician _____ Phone _____ Cell phone _____

Medical Insurance Company _____

Policy Number _____

YOUTH PERMISSION AND EMERGENCY TREATMENT RELEASE FORM

I certify that my child is in good health and can participate in all normal activities of the group. Listed below are any health concerns regarding my child (diabetes, history of epilepsy, allergies, etc.) and any medication that might be needed. (Please use back of this form if additional space is needed.)

I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in any emergency. In case of sickness or an accident, I authorize the treatment by a qualified and licensed medical doctor, including hospitalization, if necessary, at my expense. I will not hold the group leadership, youth directors, Eden Christian Academy, its employees or agents thereof responsible for any claims of damages arising out of my participation or my child's participation in this activity.

This form is complete and has been signed of my own free will.

Parent/Guardian Signature _____ Date _____