FAMILY LIFE ACADEMY - STUDENT EMERGENCY INFORMATION FORM

STUDENT'S NAME_____Birth Date_____
Last First

Child's Home Address_____
Street/Apt# City State Zip Code

MOTHER'S NAME_____Phone#_____ _____
Home Cell

Mother's Home Address_____
(if different than above) Street/Apt# City State Zip Code

Mother's e-mail_____

Place of Employment: _____Phone#_____

Signature_____ Date_____

FATHER'S NAME_____Phone#_____ _____
Home Cell

Father's Home Address_____
(if different than above) Street/Apt# City State Zip Code

Father's e-mail_____

Place of Employment:_____Phone#_____

Signature_____ Date_____

Name of siblings currently enrolled at Family Life Academy Elementary School

1._____ Grade _____

2._____ Grade _____

2._____ Grade _____

Custody papers have been provided and are on file at the facility. Yes No

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. ***We will not allow anyone other than the person listed to pick up your child from school.**

1. **NAME**_____Phone#_____ _____
Home Cell

Address_____
Street/Apt# City State Zip Code

2. **NAME**_____Phone#_____ _____
Home Cell

Address_____
Street/Apt# City State Zip Code

3. **NAME**_____Phone#_____ _____
Home Cell

Address_____

In case of injury or sudden illness, _____will be called first.

☐ **I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.**

HOSPITAL PREFERENCE _____

Does your child have insurance coverage? Yes No Name of insurance Company_____

***The State of Arizona requires immunization for students entering Kindergarten and Sixth grade.**
If your child is new, entering Kindergarten or sixth grade, please attached your child's record of immunization or a signed exemption form.

Medical Information

Is child allergic to food or other substances? ☐ No ☐ Yes
(If yes, name foods or substances to be avoided and procedure to follow if reaction occurs)_____

_____

Is child usually susceptible to infections? ☐ No ☐ Yes
if yes, what precautions need to be taken? _____

_____

Is child subject to convulsions? ☐ No ☐ Yes
What should be our procedure if one occurs? _____

_____

Is there any physical condition that we should be aware of? ☐ No ☐ Yes
What precautions should be taken (heart trouble, foot problems, hearing impairment, hernia etc..) _____

_____

Additional comments:_____

_____

Other special instructions:_____

_____

This **Emergency/Medical Information Form** is accurate and complete, front and back, and was provided by:

_____ _____**Date:**_____

Parent or Guardian printed name **Signature**