

# 2017-2018

## FAMILY LIFE ACADEMY - STUDENT EMERGENCY INFORMATION FORM

Does your child have allergies? \_\_\_\_\_ Family Last Name \_\_\_\_\_

<b>STUDENT'S NAME</b> _____ Last _____ First _____	Birth Date _____	Grade _____
<b>STUDENT'S NAME</b> _____ Last _____ First _____	Birth Date _____	Grade _____
<b>STUDENT'S NAME</b> _____ Last _____ First _____	Birth Date _____	Grade _____
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# \_\_\_\_\_

**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# \_\_\_\_\_

Name of siblings currently enrolled at Family Life Academy Elementary School

1. \_\_\_\_\_ 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 \_\_\_\_\_

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 (available in the office).

**Medical Information - Please specify child when filling out the following questions**

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:

\_\_\_\_\_  
Parent or Guardian printed name Signature Date