

Canaan Christian Academy
EMERGENCY FORM
 School Year 2018-2019



PLEASE FILL OUT COMPLETELY AND ACCURATELY, AS THIS INFORMATION WILL BE USED IF YOUR CHILD BECOMES INJURED OR IS IN NEED OF EMERGENCY MEDICAL ATTENTION.

*Please list children from oldest to youngest.

Last Name	First Name	M. Initial	Grade	Birthdate

PRIMARY FAMILY INFORMATION:

Parent Names: _____

Address: _____

E-Mail address: _____

Phone Number: _____

Parent Living Elsewhere: _____

Address: _____

Phone Number: _____

Please number the following information in the order you would want to be contacted in case of an emergency or when your child becomes ill:

() Home Number: _____

() Mother's Work Number: _____

() Father's Work Number: _____

() Mother's Cell Number: _____

() Father's Cell Number: _____

() Emergency Contact: _____

Name

Relationship

Phone number

Please be sure to let your emergency contact person know that you have listed them as the "contact person" for your child(ren). They will be contacted should we be unable to reach you.

(OVER)

In the event that neither you or your emergency contact can be reached, please list a physician that the school may contact to follow his or her instructions. **If your physician cannot be reached, the school will make whatever arrangements are necessary.**

Physician's Name	Phone	Address
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Hospital Preference (in the event of an emergency the nearest facility would be utilized)

In case of dental emergency (and I cannot be reached) the school has my permission to call the dentist listed below. The case of the student will then be left to the discretion of the dentist.

Dentist Name	Phone
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I authorize the physician, dentist, and/or hospital listed on this document to treat my child in the event of serious illness or injury, when I or the persons listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____