

Emergency information form for _____

Parents will be notified first of any possible emergency. In the event they cannot be reached, two alternate contacts are requested.

Date of birth: _____

Student's physician: _____

Student's dentist: _____

Known allergies, special health needs, restrictions:

Parent/Guardian

1. Name _____	2. Name _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Cell phone/pager: _____	Cell phone/pager: _____

Alternate Emergency Contacts:

1. _____ Phone # _____
Relationship: _____

2. _____ Phone # _____
Relationship: _____

I, _____, give permission for the representative of Foothills Community Christian School to make any necessary medical arrangements for my child, _____, in the event that I cannot be reached. This permission includes the regular school day, extended care, sports activities, regular field trips and elective field trips. Also, I give permission for the FCCS personnel to make arrangements for transportation by the best means available, including ambulance.

Signed _____ Date _____

Relationship to student _____