Office Use only

RW ____ Dev. ____

Class ____

Emergency/ Disaster Information Release Form

This Emergency Form goes with paramedics in case of an emergency and assists school staff when administering medical assistance.

STUDENT INFORMATION

Grade (in Fall)_____

Name _____ Birthdate:_____

Last First Middle

Address _____ Home Phone (____) ____ - ____

Street

_____ Home Email address _____

City Zip Code +4 *for important school information/ RenWeb*

Church Attended _____

Insurance Co & ID # _____ Physician _____

Physician Phone No. _____ Blood Type _____

Special Medical Needs/ Allergies:

- ☐ Asthma
- ☐ Bee Stings
- ☐ Fish and Shellfish
- ☐ Other Nuts
- ☐ Uses Inhaler
- ☐ Dairy Products
- ☐ Peanuts
- ☐ Uses Epi Pen
- ☐ Uses Nebulizer
- ☐ Wears Contact lenses/glasses
- ☐ Eggs
- ☐ Other Allergies

Daily Medications: (This is very important in the event that emergency medical services are required) _____

please list

_____

PARENT/GUARDIAN INFORMATION

FATHER _____

Title First Name Last Name

Address _____

If different from student Street

_____

City State Zip Code

Home Phone (____) ____ - ____

Cell Phone/pager (____) ____ - ____

Email _____

Employer _____

Bus. Address _____

Business Phone (____) ____ - ____

Position/Title _____

Church Attended _____

If different from student

MOTHER _____

Title First Name Last Name

Address _____

If different from student Street

_____

City State Zip Code

Home Phone (____) ____ - ____

Cell Phone/pager (____) ____ - ____

Email _____

Employer _____

Bus. Address _____

Business Phone (____) ____ - ____

Position/Title _____

Church Attended _____

If different from student

Please give us as much detailed information you believe we need to know about your child's health.

_____

_____

_____

PICK- UP / EMERGENCY CONTACTS

List the names of FOUR alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child. In case of accident, illness, earthquake or other disaster, I authorize Pasadena Christian School to release my child to the following adults if the school is unable to contact me.

I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below. I agree to notify these people as to their responsibility to act in this capacity.

I release Pasadena Christian School and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization.

Please list in order of preference:

Name _____ Relationship _____

( ) - ( ) - ( ) -
Home phone Work phone Cell phone

Name _____ Relationship _____

( ) - ( ) - ( ) -
Home phone Work phone Cell phone

Name _____ Relationship _____

( ) - ( ) - ( ) -
Home phone Work phone Cell phone

Student will be released only to alternates you have listed. If a change of alternate is desired, please notify the office in writing. *PLEASE KEEP INFORMATION CURRENT!*

MEDICAL AUTHORIZATION

If a parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of the *PASADENA CHRISTIAN SCHOOL* to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable.

Signatures of both parents needed:

_____ Date _____
Signature of (mother) or (female guardian)

_____ Date _____
Signature of (father) or (male guardian)