



Redeemer Christian School
Emergency Form

Child's Name _____

Date of Birth _____ Weight _____ Height _____

Home Address _____

Town and Zip Code _____

Home Phone _____

Mother's Workplace _____

Address _____

Work Telephone _____ Cell Phone _____

Father's Workplace _____

Address _____

Work Telephone _____ Cell Phone _____

Child's Allergies and/or Medical Issues

Emergency Contact - 1 _____

Relationship(s) to Child _____ Telephone(s) _____

Emergency Contact - 2 _____

Relationship(s) to Child _____ Telephone(s) _____

Emergency Contact - 3 _____

Relationship(s) to Child _____ Telephone(s) _____

OVER PLEASE →

Child's Physician _____

Address _____

Telephone Number _____

Hospital Preference _____

Address _____

Medications taken: _____

Permission for emergency transportation/treatment:

In case of emergency requiring medical attention, I hereby give permission to have my child, _____, transported to _____ Hospital located in _____ (town) or the nearest available hospital for care by Dr. _____, at _____ (phone number) or his/her associates or other qualified physicians. A staff member of Redeemer Christian School can remain with my child until the Doctor or parent arrives.

Parent Signature _____

Date _____