

Southland Christian Academy Day Care Information and Emergency Treatment Form



(Original - office copy. Yellow - Daycare copy. Pink - earthquake records copy.)

I, the parent/legal guardian of _____, give permission for my child to be picked up by the adults listed below. I further give permission for emergency medical treatment in the event the school is unable to contact me.

Signature of parent/legal guardian

Date

Check one of the following > () I will use full-time day care. () I may use day care on a part-time basis.

Mother's name _____ Cel/ Pager (_____) _____
First Last (if different than child's)

Employer _____ (_____) _____
Company name Address City Phone Ext

Father's name _____ Cel/ Pager (_____) _____
First Last (if different than child's)

Employer _____ (_____) _____
Company name Address City Phone Ext

Home Address _____
Street City Zip

Home Phone (_____) _____

Student's doctor _____ Dr's office phone (_____) _____ Insurance _____

Dr's address _____ Ins. policy # _____
Address City

Medication taken on regular basis _____

Known allergic reactions _____ Allergies _____

Marital status () married () separated () divorced () other If divorced or separated explain any rights or restraints the noncustodial parent has, other than normal visitation rights _____

Emergency names/numbers in the event you cannot be reached:

_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>

I give permission for my child to be released to the following individuals:

_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>
_____	_____	(_____) _____
<small>Name</small>	<small>Relationship</small>	<small>Phone</small>

Grade: _____

Name: _____

First

Last