

Glad Tidings Christian Academy  
Emergency Information  
And Procedure Form



**Student Information**

Last Name _____	First Name _____	Middle Name _____
Address: _____		
City _____	St _____	Zip _____
Phone (____) _____	Birthday: Mo. _____	Day _____ Year _____

**Emergency Contacts**

<b>To serve your child in case of an accident, emergency, or sudden illness, this information is required. Also, please list two relatives and/or neighbors who will assume temporary care of your child if you cannot be reached.</b>				
<b>Parents</b>				
Mother: First Name _____ Maiden _____ Last _____				
Phone: Home (____) _____ Work (____) _____ Cell (____) _____				
Father: First Name _____ Last _____				
Phone: Home (____) _____ Work (____) _____ Cell (____) _____				
<b>Relatives/Neighbors</b>				
Full Name _____		Relationship _____		
Address _____				
Phone: Home (____) _____ Work (____) _____ Cell (____) _____				
Full Name _____		Relationship _____		
Address _____				
Phone: Home (____) _____ Work (____) _____ Cell (____) _____				
<b>Health Information</b>				
Circle if the child is currently being treated for or has had the following conditions				
Heart conditions	Hemophilia	Immune Deficiency	Eye/vision problems	Nose Bleed
Diabetes	Asthma	Ear/hearing Problems	Skin Condition	Seizures
Challenges:	Physically	Mentally	Emotionally	
Other (Explain) _____				
_____				
_____				
Medication your child is taking _____				
_____ [ ] None				
Known allergies _____				
_____ [ ] None				
Pediatrician _____			Phone (____) _____	
Hospital Preference _____			Phone (____) _____	

**Authorized Release**

The following person(s) may pick up my child from Glad Tidings Christian Academy located on 5674 Hall Ave, Corpus Christi Texas.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Permission/Acknowledgments**

I give permission for my child \_\_\_\_\_ to participate in all activities, including off campus field trips.

I acknowledge that all late tuition payments must include a late fee.

I have been informed of the school's return check policy.

I have been informed of the school's discipline policies.

I have received and do hereby agree to abide by the school's policies.

Mother's Drivers License No.: ST \_\_\_\_/No. \_\_\_\_\_ Father's License No.: ST \_\_\_\_/No. \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

I, the undersigned, do hereby authorize Glad Tidings Christian Academy staff to contact directly the persons named on this form, and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health and welfare of the said child. In the event the physician(s), parents, or other persons named on this form cannot be contacted, Glad Tidings Christian Academy staff is hereby authorized to take whatsoever action is deemed necessary in his/her judgment, for the health and welfare of the said child. I will not hold the Glad Tidings Christian Academy staff financially responsible for the emergency care and/or transportation for the said child.

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_