

Grace Temple 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

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.				
Parents				
Mother: First Name _____		Maiden _____		Last _____
Phone: Home (____) _____		Work (____) _____		Cell (____) _____
Father: First Name _____		Last _____		
Phone: Home (____) _____		Work (____) _____		Cell (____) _____
Relatives/Neighbors				
Full Name _____		Relationship _____		
Address _____				
Phone: Home (____) _____		Work (____) _____		Cell (____) _____
Full Name _____		Relationship _____		
Address _____				
Phone: Home (____) _____		Work (____) _____		Cell (____) _____
Health Information				
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 _____ <input type="checkbox"/> None				
Known allergies _____ <input type="checkbox"/> None				

Pediatrician _____			Phone (____) _____	
Hospital Preference _____			Phone (____) _____	

Authorized Release

The following person(s) may pick up my child from Grace Temple Christian Academy located on 3100 S. Alameda St., Corpus Christi Texas 78404.

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 _____

Date _____

(Parent/Guardian)

I, the undersigned, do hereby authorize Grace Temple 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, Grace Temple 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 Grace Temple Christian Academy staff financially responsible for the emergency care and/or transportation for the said child.

Signature _____ Date _____

(Parent/Guardian)