

**McCurdy Ministries Community Center After School Care Program  
STUDENT EMERGENCY FORM  
2018-2019**

**STUDENT INFORMATION – (Please print legibly)**

**E-Mail Address – Home** \_\_\_\_\_

**E-Mail Address – Work** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

FIRST NAME	GRADE	DATE OF BIRTH	PLACE OF BIRTH	ETHNICITY	RELIGION	STUDENT LIVES WITH:

**PARENT/GUARDIAN INFORMATION – (Please print legibly)**

NAME	MAILING ADDRESS	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
FATHER:					
MOTHER:					
GUARDIAN:					

**\* If applicable, list the address of the second custodial parent and indicate if you want report cards sent to both addresses.**

**EMERGENCY INFORMATION (NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY)**

NAME / RELATIONSHIP	HOME PHONE #	WORK PHONE #	CELL PHONE #
1.			
2.			
3.			

**PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM**

**ALLERGIES OR MEDICAL CONDITIONS**

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**FAMILY PHYSICIAN – NAME AND PHONE NUMBER**

**FAMILY DENTIST – NAME AND PHONE NUMBER**

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**PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM**

If you have no preference, the student will be taken for emergency medical care. It is understood that I will pay for any emergency transportation or care unless the costs are otherwise covered by insurance. If a parent/guardian cannot be reached, student will be accompanied by a school administrator.

I give my permission for medical:   Transportation   YES \_\_\_\_\_   NO \_\_\_\_\_           Treatment   YES \_\_\_\_\_   NO \_\_\_\_\_

I give my permission for my child to be transported for illegal substance testing or screening if deemed necessary. I understand that I am responsible for any fees incurred.    YES \_\_\_\_\_    NO \_\_\_\_\_

\_\_\_\_\_   
Custodial Parent's Name(s)

\_\_\_\_\_   
Parent/Guardian Signature

\_\_\_\_\_   
Date