

**McCurdy Ministries Community Center After School Care Program
STUDENT EMERGENCY FORM
2021-2022**

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 information 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