

McCurdy Ministries Community Center After School Care Program
STUDENT EMERGENCY FORM
2023-24

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