

AMBASSADOR CHRISTIAN ACADEMY

Emergency Information PLEASE PRINT CLEARLY – BLUE or BLACK INK ONLY **School Year** _____

Student Name _____ Grade _____ Date of Birth _____

Address _____ Phone _____

Name of other children attending ACA _____

In case of emergency, the school is authorized to contact & release your child to:

Father's Name _____ Phone _____ Cell _____

Father's Employer _____ Phone _____ Hours _____

Mother's Name _____ Phone _____ Cell _____

Mother's Employer _____ Phone _____ Hours _____

Contact (#1) _____ Phone _____ Relationship _____

Contact (#2) _____ Phone _____ Relationship _____

Contact (#3) _____ Phone _____ Relationship _____

Other Desired Procedures: _____

*Notify the school of any change of phone numbers during the year.

HEALTH INFORMATION:

1. If your child had any contagious disease, illness or operation during the past year, please specify (including dates):

2. If your child has recently been treated for a nervous or mental disorder, please explain:

3. Does your child wear Glasses Y or N Contacts Y or N For distance ____ For reading ____ Does not need ____

4. Does your child have any health problems or is he/she physically challenged in any of the areas below?

Vision _____ Asthma _____ Diabetes _____ Orthopedic _____

Allergies _____ Speech _____ Heart Disease _____ Hearing _____

Epilepsy _____ Other _____

If you answered YES to any of the above, please give details:

*It is the parent/guardian's responsibility to notify transportation of important medical conditions.

5. If it is necessary for your child to take any medication (prescription or non-prescription) in school, it must be brought into the school nurse in the original container with a written physician's request and parental request to administer. If your child needs to self medicate, please contact the school nurse for more information.

Name of child's physician: _____ Phone: _____

I give the school nurse permission to share this emergency and health information with the school staff as needed.

I give the school nurse permission to exchange information with my child's physician.

In case none of the above contacts can be reached, I hereby authorize school authorities to take appropriate action for the safety of my child.

Signature of Parent/Guardian _____

Clearly Print Name _____

Date _____