



Students are well-trained servant leaders and passionate followers of Christ.

STUDENT'S NAME (Last, First): _____ GRADE: _____

WHITESBURG CHRISTIAN ACADEMY EMERGENCY AUTHORIZATION FORM

1. EMERGENCY CONTACTS:

First Parent/Guardian to Contact (Name) _____

Home # _____ Work # _____ Cell # _____ Other # _____

Second Parent/Guardian to Contact (Name) _____

Home # _____ Work # _____ Cell # _____ Other # _____

Emergency #s: List two contact people if parents cannot be reached:

NAME	TELEPHONE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

Family Physician's Name _____ Phone _____

2. MEDICAL HISTORY:

Does child suffer from chronic or acute illnesses such as diabetes, epilepsy, asthma, or allergies, etc? _____ If so, please explain _____

Specific instructions for treating above: _____

Is child taking any drug at all? _____ If so, what? _____

For what? _____ (please write on the back if we need more information.)

3. EMERGENCY MEDICAL SERVICE PERMISSION:

Should an accident or illness occur during the school day or on a school-sponsored activity which in the opinion of Whitesburg Christian Academy personnel requires immediate treatment, and the school is unable to locate either parent or guardian, I authorize and empower the proper authority of Whitesburg Christian Academy to act in our stead and obtain the required medical services for the above named child.

Health Insurance Name and #: _____

Parent's Signature: _____

Date: _____