

**West-Mont Christian Academy**  
**Student Emergency Information**  
(Please Print Clearly)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Allergies (including any drug allergies) \_\_\_\_\_

Current Medications: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance \_\_\_\_\_ I.D.# \_\_\_\_\_

**In case of an emergency, illness, or accident, please contact (in the order of desired action):**

Please list names including your own.

	Name	Relationship	Daytime Phone	Cell Phone
1.	_____	_____	(_____) _____	(_____) _____
2.	_____	_____	(_____) _____	(_____) _____
3.	_____	_____	(_____) _____	(_____) _____

I hereby give permission that if a parent cannot be reached in an emergency, my/our child may be taken to the nearest Hospital or, if possible, to (preferred) \_\_\_\_\_ hospital.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

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