

(PLEASE PRINT CLEARLY)

West-Mont Christian Academy

Student Emergency Information 2007-2008 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	Home/Work Phone	Cell/Beeper
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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