



Last Name: _____

Emergency Contact Form

Please fill out one form for each student

STUDENT INFORMATION:

Last Name: _____ First Name: _____
 Date of Birth: _____ Home/Main Phone: _____
 Address: _____
 Church Family Attends: _____ City: _____

PARENT INFORMATION:

Father's Full Name: _____ Email: _____
 Cell Phone: _____ Work Phone: _____
 Address: *(if different from child)* _____
 Employer: _____ Position: _____

Mother's Full Name: _____ Email: _____
 Cell Phone: _____ Work Phone: _____
 Address: *(if different from child)* _____
 Employer: _____ Position: _____

EMERGENCY CONTACT: (other than parents)

(1) Full Name: _____ Relation: _____
 Cell Phone: _____ Home Phone: _____
 (2) Full Name: _____ Relation: _____
 Cell Phone: _____ Home Phone: _____

MEDICAL INFORMATION:

Physician: _____ Phone: _____
 Dentist: _____ Phone: _____
 Hospital: _____ Phone: _____
 Insurance Co: _____ Phone: _____
 Insurance ID #: _____ Group #: _____
 Insurance Policy Holder: _____ DOB: _____

NOTE: A student medical authorization form must be on file in the school office for all medication that is to be administered during the school day. This includes over the counter meds such as antacids, ibuprofen, and acetaminophen.

ALLERGIES: Describe allergies/needs below and give detailed action plan. Attach additional sheet if necessary.

Allergy	Detailed Action Plan
_____	_____
_____	_____
_____	_____
_____	_____



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(continued)

AUTHORIZATION FOR MEDICAL TREATMENT AND LIABILITY RELEASE

- I authorize the staff at Westlake Christian Academy or trained paramedics to administer or seek first aid for my child as deemed necessary.
- In case of emergency, I consent to have my child transported to the nearest hospital and receive such treatment as deemed necessary by medical personnel at the hospital.
- I give my permission for my child to participate in the Westlake Christian Academy recess, academic program, and/or interscholastic sports, and absolve Westlake Christian Academy of liability in case of accident.
- I agree to follow the policies and procedures outlined in the WCA parent/student handbook (online).
- Student insurance coverage is the responsibility of the parent. WCA does not provide medical insurance for students.
- I give consent to include our family's name and information in the WCA phone directory. I understand that my information will be given to all families registered at WCA.
- I give consent to allow my child's name and/or photograph to be utilized (without compensation) in WCA school newsletters, press releases, or other publicity materials.
- I give consent for lessons in which my child participates to be videotaped in order to facilitate remote learning. I realize that my child will not be the subject of the recording, but may appear inadvertently.
- I give my consent for my child to be transported in privately-owned, school-owned or rental vehicles driven by WCA faculty/staff, parents, adult family members or volunteers who have submitted Driver Information Forms to the school office.
- I give consent for my child to participate in official school-related off-site events as scheduled.

Child's Full Name: _____ Public School District: _____

Which church does your family attend? _____ City _____

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____