

Toledo Christian Schools, Inc.

EMERGENCY MEDICAL AUTHORIZATION / CONTACT INFORMATION

Student's Name Last First Grade D.O.B.

Mother's Name Last First Father's Name Last First Address Home Phone #

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

Mother's Work Phone # Cell Phone # Pager # Father's Work Phone # Cell Phone # Pager #

LIST TWO PEOPLE WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name Relationship Home Phone # Work Phone # Cell Phone #

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions.

Mother's Signature Father's Signature Physician's Name Physician's Phone # Dentist's Name Dentist's Phone # Preferred Hospital Insurance Company Insurance Policy or Group # Carrier's (Parent) Name Carrier's (Parent) D.O.B. Carrier's (Parent) SS#

ALLERGIES AND OTHER CONDITIONS:

Child Child Child Child