

**GORMAN CHRISTIAN ACADEMY
STUDENT EMERGENCY INFORMATION
2020-2021**

Date: _____ Grade Entering: _____

Last Name _____ First Name _____ M.I. _____
 Address _____ City _____ Zip _____
 Student's Birth Date _____ SS Number _____
 Mother's Name _____ Home phone _____
 Work Phone _____ Mother's Cell/Pager _____
 Mother's Email _____
 Father's Name _____ Home phone _____
 Work Phone _____ Father's Cell/Pager _____
 Father's Email _____

Please list names and ALL telephone numbers of three (3) individuals to be contacted if a parent cannot be reached:

Name _____ Work _____ Home/Cell _____
 Name _____ Work _____ Home/Cell _____
 Name _____ Work _____ Home/Cell _____

Child's Doctor _____ Phone # _____
 Child's Dentist _____ Phone # _____
 Hospital Preference _____ Phone # _____
 Allergies _____
 Medical Concerns _____
 Insurance Carrier _____ Policy # _____

Pick-Up Information

The following persons have permission to pick up my child from the Academy:

	Name	Relation	Home Phone	Work Phone
1.				
2.				
3.				
4.				
5.				
6.				