

Providence International Christian Academy Student Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F	
		Sex		
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, State, Zip		City, State, Zip		
Email Address		Email Address		

Alternative Emergency and Authorized Pick-up Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	
City, State, Zip	

Medical Information

Hospital /Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

John 3:16

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. My child may be transported to the nearest hospital for treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I accept full responsibility for any medical expenses incurred.

Parent/Guardian's signature	Date
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I give permission for my child to go on field trips. I release Grace Academy and individuals from liability in case of accident during activities related to Grace Academy, as long as normal safety procedures have been taken.

Parent/Guardian's signature	Date
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Witness signature	Date
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