



# Student Emergency Contact Form

## Student Information

**Student's Full Name** \_\_\_\_\_ Nickname: \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Social Security # \_\_\_\_\_  
WCS Enrollment: \_\_\_\_ Full time \_\_\_\_ Homeschool Division/Part time \_\_\_\_ Athletics \_\_\_\_ Adventure Club

Student's Full Address \_\_\_\_\_  
Child resides with: \_\_ Both Parents \_\_ Mother Only \_\_ Father Only \_\_ Grandparent(s) \_\_ Guardian \_\_ Other \_\_\_\_\_  
Parents' marital status: \_\_ Married \_\_ Divorced \_\_ Mother Remarried \_\_ Father Remarried \_\_ Deceased \_\_ Never Married  
Siblings names and ages \_\_\_\_\_

**List in order of whom to contact first:**

**Primary Parent/Guardian Name** \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_  
Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_  
Employer \_\_\_\_\_ Active Military? YES NO  
Work Address \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Preference for contact:  
Primary Phone# cell/work/home Secondary Phone# cell/work/home Phone# cell/work/home \_\_ call \_\_ text \_\_ email \_\_ mail

**Secondary Parent/Guardian Name** \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_  
Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_  
Employer \_\_\_\_\_ Active Military? YES NO  
Work Address \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Preference for contact:  
Primary Phone# cell/work/home Secondary Phone# cell/work/home Phone# cell/work/home \_\_ call \_\_ text \_\_ email \_\_ mail

**Alternative/Emergency Contact Name** \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_  
Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Preference for contact:  
Primary Phone# cell/work/home Secondary Phone# cell/work/home Phone# cell/work/home \_\_ call \_\_ text \_\_ email \_\_ mail

**Alternative/Emergency Contact Name** \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Address \_\_\_\_\_  
Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Preference for contact:  
Primary Phone# cell/work/home Secondary Phone# cell/work/home Phone# cell/work/home \_\_ call \_\_ text \_\_ email \_\_ mail

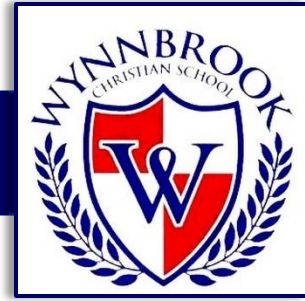
**Besides the people already listed, other people/organizations that may pick-up student include:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

People that my child may not be released to, despite relationship: \_\_\_\_\_

This information is current and I realize it my responsibility to notify the office if information changes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Medical Information

### Medical Information

Hospital/Clinic Preference \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Student Medical Information

Allergies \_\_\_\_\_  
 Accommodations needed: \_\_\_\_\_  
 Special Health Considerations \_\_\_\_\_  
 Diagnosed with physical disability, if yes, explain: \_\_\_\_\_  
 Accommodations needed: \_\_\_\_\_  
 Diagnosed with mental disability, if yes, explain: \_\_\_\_\_  
 Accommodations needed: \_\_\_\_\_

### Medications

Currently prescribed medications	Reason	Time taken	Approved for school to administer
_____	_____	_____	YES/NO
_____	_____	_____	YES/NO
_____	_____	_____	YES/NO
_____	_____	_____	YES/NO

I authorize Wynnbrook Christian School to administer the following medication(s), based on child's age, weight, and symptoms to my child without prior notification:

Student's Age \_\_\_\_\_ Weight \_\_\_\_\_  
 \_\_\_Children's Tylenol \_\_\_Children's Motrin \_\_\_Children's Liquid Benadryl \_\_\_Children's Cream Benadryl  
 \_\_\_Other \_\_\_\_\_

### Initial and Sign:

\_\_\_\_\_ Only in the event that neither parent/guardian can be reached in the case of an emergency, I give Wynnbrook Christian School permission to seek whatever medical treatment is deemed necessary by the staff of WCS for my child. 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, if guardian cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to go on academic field trips, athletic trips, and team trips. I release Wynnbrook Christian School and individuals from liability in case of accident during activities related to Wynnbrook Christian School Athletics and Academics, as long as normal safety procedures have been taken.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_