***BLANK ADVENTIST ACADEMY***

# Emergency Information and Authorized Release Form

## Grades K-12, 2014-2015 (*One Form per Child)*

Christian Education for Grades K-12 Phone: (800) 555-1234

1000 Academy Drive, Happy Valley, CA 77777 Fax: (800) 555-2345

*www.qualityacademy.com*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Last Name | | First Name | | | | Middle Name | | \_\_\_\_Male  \_\_\_\_Female | | Grade |
| Student Address | | City | | | | State | Zip | Home Telephone  ( ) | | |
| Other Address | | | | | | | | Birth date | | |
| Father’s Last Name | First Name | | | Address | | | City | | State | Zip |
| Home Telephone  ( ) | Place of Employment/Occupation | | | | Work Telephone  ( ) | | | Father’s Cell  ( ) | | |
| Mother’s Last Name | First Name | | | Address | | | City | | State | Zip |
| Home Telephone  ( ) | Place of Employment/Occupation | | | | Work Telephone  ( ) | | | Mother’s Cell  ( ) | | |
| Name of other child attending  Blank Adventist Academy: | | | Grade | | Name of other child attending  Blank Adventist Academy: | | | | | Grade |
| Name of other child attending  Blank Adventist Academy: | | | Grade | | Name of other child attending  Blank Adventist Academy: | | | | | Grade |

### Emergency Information

|  |  |  |
| --- | --- | --- |
| Name of Physician | Physician’s Office, Clinic, or Hospital | Physician’s Telephone  ( ) |
| Insurance Carrier | Policy Number or Insured Social Security | Insurance Telephone  ( ) |
| Contact person when parent is not available | Relationship | Telephone  ( ) |
| Please indicate any allergies | Please indicate any medications | Please indicate any medical problems |
| In the event of sudden illness or accident requiring attention, I hereby authorize *Blank Adventist Academy* to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below. | | |

### AUTHORIZED STUDENT RELEASE

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| In the event of illness, or major disaster that causes structural damage to *Blank Adventist Academy* (such as earthquake, fire, or explosion), students will be released to authorized individuals ONLY. There will be no EXCEPTIONS. Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child. |

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Parent/Legal Guardian (printed) Parent/Legal Guardian Signature Date*