

**WARNER CHRISTIAN ACADEMY PRESCHOOL
EMERGENCY CONTACT/MEDICAL AUTHORIZATION**

Is student new to WCA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any information changed since enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No

I. STUDENT INFORMATION

Student's Last Name	First Name	Birth Date	Grade	Teacher

II. PARENT/GUARDIAN INFORMATION

Mother/Guardian: _____

Father/Guardian: _____

Spouse's Name (if not father): _____

Spouse's Name (if not mother): _____

Home #: _____ Cell #: _____

Home #: _____ Cell #: _____

Address: _____

Address: (if different) _____

City/State: _____ Zip code: _____

City/State: _____ Zip code: _____

Email Address: _____

Email Address: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Student's primary residence is with: Both Mother Father

Which Parent/Guardian should be contacted first? Mother Father Other _____

For minor accidents/incidents I would like to be contacted by: Phone Text Accident/Incident Report

III. HEALTH INFORMATION

Allergies/Health Concerns	Medication Being Taken	Medical Insurance Company

IV. AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

Student will be released only to custodial parent(s) or legal guardian(s) and the person(s) listed below. The following people will be contacted and are authorized to pick up student if for some reason the custodial parent(s) or legal guardian(s) cannot be reached. **Photo I.D. is required.**

	Name	Relationship	Home #	Cell #	Work #
1.					
2.					
3.					
4.					
5.					

Persons who may NOT pick up student: _____

Parental Consent

I authorize an adult representative of Warner Christian Academy (WCA) to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duty-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all cost and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs. I agree to assume the risk of, and release WCA, its staff, and representatives from any and all injury and liability arising out of or relating to the activities conducted or sponsored by WCA. I give WCA permission to conduct academic assessments as deemed necessary. I state that the information on this form is correct.

Parent/Guardian Signature: _____

Date: _____