



WVCA has a comprehensive Emergency Disaster Preparedness Plan that will be used in the case of an emergency or disaster. The emergency plan is available for review in the school office.

In the event of an emergency or disaster, students will be required to remain in our care until it is deemed safe by emergency services authority for them to be released. Children may be released only to identified authorized parents and/or designees.

Please list authorized designees that you allow permission of WVCA to release your child too in the event of such emergency or disaster. Notify these designees of their placement on this list, as well as ensure of up-to-date contact information.

No child will be released to the care of an unauthorized person, or to a person without legal identification.

Only complete one form per family.

Student's Names: _____

Parent Guardian Contact Information

First & Last Name	Address	Phone	Relationship	Office Use

Names of Persons Authorized to Take Child(ren) from the care of West Valley Christian Academy

First & Last Name	Address	Phone	Relationship	Office Use

Consent for Emergency Medical Treatment

As the parent or authorized representative, I hereby give consent to **West Valley Christian Academy** to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for _____, _____, and _____ . This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child(ren) named above.

Parent Guardian Signature: _____ Date: _____

Parent Guardian Signature: _____ Date: _____