



Cadillac Heritage Christian School

1706 Wright Street

Cadillac, MI 49601

231-775-4272

www.cadillacheritagechristian.com

2018-2019 Emergency Information & Student Data

Student's Name: _____

Grade/Teacher: _____

Address: _____

Student's Birthday: _____

City/State/Zip: _____

Phone: _____

Home Church: _____

Church Phone: _____

In case of emergency, I/We can be reached at:

Mother's Name Work Phone Day Phone Cell Phone

Father's Name Work Phone Day Phone Cell Phone

Step Parent Work Phone Day Phone Cell Phone

Who should we contact if you cannot be reached? (Please list 3 options):

Name Relationship Phone Cell Phone

Name Relationship Phone Cell Phone

Name Relationship Phone Cell Phone

List siblings and school attending (use back for additional space if needed):

Name Grade School

Name Grade School

Name Grade School

Date of most recent tetanus shot: _____

In the event my child needs a pain reliever/fever reducer, school officials have permission to give him/her (circle one or both):

Tylenol

Ibuprofen

Call me first

Do not medicate my child

List any allergies your child has: _____

List any medical/mental/physical conditions your child has that may require special attention. (Please include such things as ADD, ADHD, etc.):

Child's Doctor's Name: _____ Phone #: _____

In the event that I cannot be reached, and my child has been involved in a serious illness or accident, I hereby authorize the school to make whatever arrangements are necessary including emergency treatment at Munson Healthcare Cadillac or other Medical Centers. Effective August 23, 2018 through June 5, 2019.

Parent's or Guardian's Signature: _____ Date: _____