Christian Bible Academy - Emergency Contact Card

Today's Date: _____ **School Year:** _____ **Enrollment Date:** _____

Child's Name: _____ **Date of Birth:** _____ **Home Phone:** _____

Last **First** **Middle**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parent/Guardian #1 Name: _____ **Cell:** _____ **Work:** _____

Email: _____ **Driver's License # (Parent 1):** _____

Parent/Guardian # 2 Name: _____ **Cell:** _____ **Work:** _____

Email: _____ **Driver's License # (Parent 2):** _____

Emergency Pick-Up Contacts ***(Other than parents/guardians)***

Full Name: _____ **Relationship:** _____ **Phone:** _____

Full Name: _____ **Relationship:** _____ **Phone:** _____

Full Name: _____ **Relationship:** _____ **Phone:** _____

List any Allergies or Medical Conditions: _____ _

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

_____ _____ _____

Name of Physician **Address** **Phone Number**

_____ _____ _____

Name of Hospital **Address** **Phone Number**

I give consent for this facility to secure any and all necessary emergency medical care for my child.

X _____ **Date:** _____

Signature-Parent or Legal Guardian

3222 Texas Parkway, Missouri City, Texas 77489, Phone: 281-835-8027