



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 identify authorized parents and/or designees.

Please list authorized designees that you allow permission of WVCA to release your child in the event of such emergency or disaster. Notify these designees of their placement on this list, as well as ensure 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 |
|-------------------|---------|-------|--------------|------------|
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Names of Persons Authorized to Take Child(ren) from the care of West Valley Christian Academy

| First & Last Name | Address | Phone | Relationship | Office Use |
|-------------------|---------|-------|--------------|------------|
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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, limbs or well-being of the child(ren) named above.

Parent Guardian Signature: _____ Date: _____
 Parent Guardian Signature: _____ Date: _____