

## MLCA Student Emergency Contact Information 2016/2017

Student's Name	Date of Birth / / M F Sex
Grade Year	Teacher
Father's Name	Mother's Name
Guardian's Name	Guardian's Name
Home Phone ( )	Home Phone ( )
Work Phone ( )	Work Phone ( )
Cell Phone ( )	Cell Phone ( )
Address	Address
City, State & ZIP	City, State & ZIP
Email	Email

Parents or Guardian's listed above and Emergency Contacts below have permission to pick up the child unless otherwise indicated. Please notify the MLCA Administration if there are any court orders restricting noncustodial parents or others from contact with the child. Please provide a copy of the order to the MLCA Administration.

### Alternate Emergency Contacts

First Name	Second Name
Home Phone ( )	Home Phone ( )
Work Phone ( )	Work Phone ( )
Cell Phone ( )	Cell Phone ( )
<b>Out of Town Contact</b>	Out of Town Contact
Phone ( )	Phone ( )

### Adult Child Care Provider Information

Providers Name	Phone Number ( )
Providers Name	Phone Number ( )

### Medical / Physician Information & Permission

Physician's Name	Phone Number ( )
Insurance Company	Policy Number
Allergies/Special Health Considerations	

In a medical emergency, we hereby authorize MLCA to seek emergency medical assistance for our child if we cannot be reached.

Parent's/Guardian's Signature

Date

### In Town Field Trip Permission

I give permission for my child to go on any field trips in the Moses Lake area for this school year. I release the Moses lake Christian Academy from any liability in case of accident during any of these trips.

Parent's/Guardian's Signature

Date

Please keep a copy of this form for your records and update MLCA if any information changes.