

MLCA Student Emergency Contact Information 2018/2019

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 Academy Principal 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 Academy Principal.

Alternate Emergency Contacts

First Name	Second Name
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
Out of Town Contact	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 the Academy 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 the Academy if any information changes.