

Good Shepherd Christian Academy

Christ-Centered Excellence in Education

EMERGENCY CONTACT & MEDICAL INFORMATION

LAST NAME _____ FIRST NAME _____ GENDER _____ DOB _____ GR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOM _____ MOM'S HOME # _____ MOM'S WORK # _____ MOM'S CELL # _____

DAD _____ DAD'S HOME # _____ DAD'S WORK # _____ DAD'S CELL # _____

ALTERNATIVE EMERGENCY CONTACTS

EMERGENCY CONTACT 1 _____ EC1 PHONE 1 _____ EC1 PHONE 2 _____

EMERGENCY CONTACT 2 _____ EC2 PHONE 1 _____ EC2 PHONE 2 _____

MEDICAL INFORMATION

HOSPITAL/CLINIC PREFERENCE _____

DOCTOR'S NAME _____ DOCTOR'S # _____ DENTIST'S NAME _____ DENTIST'S # _____

INSURANCE COMPANY _____ POLICY # _____

SPECIAL HEALTH CONCERNS: _____

I, the undersigned, being the parent and/or legal guardian of the child named above, do hereby consent to the participation of my child in all of the regularly scheduled activities of the school at Good Shepherd Christian Academy including field trips, sporting events, and any other activities customarily associated with a school group.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the call of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I AUTHORIZE/DO NOT AUTHORIZE (circle one) any one of the alternative emergency contacts listed above to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that the school will not be responsible for medical expenses incurred.

A FACSIMILE OR PHOTOCOPY OF THIS FORM SHALL BE AS VALID AS THE ORIGINAL

Parent's/Guardian's Signature

Date

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A ministry of Faith Discovery Church