

# Calvary Chapel Christian Academy

*Educating Disciples of Christ Ephesians 4:12-13*



## Student Emergency Contact Form

Family Last Name: \_\_\_\_\_

(\*If parent's last name is different, please list both last names)

STUDENT NAME(S) and GRADE(S)/HOMEROOM(S):

### Information Required For Billing Purposes – Indicate Name AND Email

Person responsible for Tuition: \_\_\_\_\_

Email: \_\_\_\_\_

Person responsible for Elem Hot Lunch: \_\_\_\_\_

Email: \_\_\_\_\_

### Primary Contacts

Primary Contacts 1 and 2 will be the only people who are notified via the automated system (phone & e-mail) in the case of an urgent need, such as an emergency early dismissal or other important communication from the school.

Primary Contact 1 (only use for Father/Mother or Guardian)

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact 2 (only use for Father/Mother or Guardian)

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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## Secondary Contacts

List two friends or relatives who will assume temporary care of your child if you cannot be reached.

### Contact 3

Secondary Contact (Contact other than contact 1 & 2 )

**First Name:**

**Last Name:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email:**

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### Contact 4

Secondary Contact (Contact other than contact 1 & 2)

**First Name:**

**Last Name:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email:**

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Please use this space if you have any circumstances you would like to make CCCA aware of:

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## Emergency Early Dismissal

Should CCCA need to dismiss students early, it is important to have on record the following information:

If your child rides a bus, please list the school district and bus number below.

**Name and # of bus**

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Please indicate below if you would like your child send home by car or bus in the event of an emergency. Regardless of what you mark, please make sure we have the bus name and number above if your child ever rides the bus.

**Car**

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**Bus**

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Name of Student:

Date of Birth:

Grade/Homeroom:

Student Cell Phone:

Student Email:

### **Medical Information**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician or dentist, the school may make emergency arrangements.

Signature of parent or guardian

**Medical Concerns:**

**Allergies to foods, medicines, other:**

**Physician's Name:**

**Tel. No.:**

**Dentist's Name:**

**Tel. No.:**

My child is permitted to take Tylenol without me being called: **Yes No (please circle)**

My child is permitted to take Motrin without me being called: **Yes No (please circle)**

My child is permitted to take an Antacid without me being called: **Yes No (please circle)**

Signature:

Date: