

Corpus Christi ECC Emergency Form 2017-2018 SY

Child's Name

(Last)

(First)

(MI)

(Nickname)

Date of Birth _____ Sex _____ Phone number to call first _____

Home Address _____ City _____

State _____ Zip Code _____ Official School Email: _____

Other School's Currently Attending: _____

Previous School Attended _____ Dates Attended _____

Father's Name _____ Place Employed _____

Work Phone (required if employed) _____ Home Phone __ (____) _____

Home Address _____ City _____

State _____ Zip Code _____ Marital Status _____

E-mail address _____ Other Phone _____

Mother's Name _____ Place Employed _____

Work Phone (required if employed) _____ Home Phone __ (____) _____

Home Address _____ City _____

State _____ Zip Code _____ Marital Status _____

E-mail address _____ Other Phone _____

Person(s) or Agency Having Legal Custody of Child: _____

Work Phone _____ Home Phone _____

Home Address _____ City _____

State _____ Zip Code _____ Email address _____

Names of Siblings Living at Home:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Medical Information:

Child's Physician _____ Phone Number _____

Allergies or intolerance to food, medication, etc. _____

Allergy Reaction: _____

Action to be Taken: _____

If the action to be taken requires medication please provide the medicine to the office for storage.

(Over)

Emergency Contacts (if parents or guardian are not available)

ALL INFORMATION MUST BE FILLED OUT ----- Do not list parents or guardian names

1. Name _____ Phone Number _____

Relationship to child _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone Number _____

Relationship to child _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Person(s) authorized to pick up child from school. Please include parents first and then all others.
(Identification Required)

1. Parent name: _____ 4. _____

2. Parent name: _____ 5. _____

3. Emergency Contact Name1: _____ 6. _____

4. Emergency Contact Name2: _____ 7. _____

Person(s) NOT authorized to pick up child from school. Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

1. _____ 2. _____

Parent or Guardian Agreement

I agree to notify the school within 24 hours if my child or any member of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, my emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child.

Parent or Guardian Signature _____

General Information

Child's Special Needs (If Any) _____

Does he or she require daily medication? Yes _____ No _____

Does he or she have a medical condition we should know about? Yes _____ No _____

Signatures

Parent or Guardian _____ **Date** _____

ECC Director _____ **Date** _____

All information requested on registration is required by the Department of Social Services under the 22 VAC 15-30-80. Code