

# Epiphany Academy 2023/24 EMERGENCY CARD

**STUDENT:** \_\_\_\_\_

**Grade** \_\_\_\_\_

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please fill in the information carefully and accurately. Please type or use ink and print clearly and legibly.

**STUDENT**

\_\_\_\_\_ | \_\_\_\_\_  
Last Name First Middle Home Phone Birthdate

Lives with:  Both Parents  Mother  Father  Legal Guardian

\_\_\_\_\_ | \_\_\_\_\_  
Home Address (Primary Residence) City State/Zip

\_\_\_\_\_ | \_\_\_\_\_  
Mailing Address, if different from above City State/Zip

Address change?  No  Yes If yes, please contact the School office.

Are there any COURT-MANDATED custody/visitation orders limiting access to this student?  No  Yes

**MOTHER/GUARDIAN**

\_\_\_\_\_ | \_\_\_\_\_  
Last Name First Email Employer  
\_\_\_\_\_ | \_\_\_\_\_  
City State/Zip Home Phone Work Phone Cell Phone  
Home Address, if different from above  
Work Name/Address, in case of emergency: \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_  
Date of Birth Social Security Number

**FATHER/GUARDIAN**

\_\_\_\_\_ | \_\_\_\_\_  
Last Name First Email Employer  
\_\_\_\_\_ | \_\_\_\_\_  
City State/Zip Home Phone Work Phone Cell Phone  
Home Address, if different from above  
Work Name/Address, in case of emergency: \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_  
Date of Birth Social Security Number

Languages spoken at home: 1. \_\_\_\_\_

2. \_\_\_\_\_

# Emergency Contact Information

Please list the names of relatives/ neighbor/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.**

In selecting someone to whom you authorize the release of your child, consider:

- (a) Would your child feel safe and comfortable with this person and family?
- (b) Could this person care for your child for several days?
- (c) Is this person prepared to handle any special medical needs required by your child?

*I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.*

Name	Relationship	Home Phone	Work or Cell Phone

*I declare that the information on this form is true and correct. I will notify 21<sup>st</sup> CCLC Program Director immediately of any changes to be made in the foregoing information.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

# STUDENT EMERGENCY CONTACT CARD

## Medical Information and Consent

### STUDENT

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

### MEDICAL/HEALTH INFORMATION

Medication: Does your child require medication at school or at home?  No  Yes

#### Vision and/or Hearing Problems:

\_\_\_ Wears glasses/contacts: \_\_\_ for board work \_\_\_ for reading

\_\_\_ all the time \_\_\_ Wears hearing aid(s)

#### Medical Conditions: Please check the appropriate boxes if your child has any of the following:

- Severe allergies requiring: \_\_\_ Epi-pen \_\_\_ Benadryl \_\_\_ Latex  
\_\_\_ Food/Environmental \_\_\_ Stinging Insects/Bees \_\_\_ Medications

Other:

Please explain: \_\_\_\_\_

T Current Asthma If checked, \_\_\_ uses inhaler \_\_\_ on daily medication

T Current Seizures If checked, on medication? - \_\_\_ Yes \_\_\_ No

T Diabetes If checked, insulin dependent? - \_\_\_ Yes \_\_\_ No

T Behavior problems: \_\_\_\_\_

Movement limitations: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

Medical condition which might require care or accommodation during the after school program (please describe): \_\_\_\_\_

### EMERGENCY TREATMENT AUTHORIZATION

#### Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I agree to review and update this information whenever a change occurs.

Date: \_\_\_\_\_ Parent/Guardian #1

Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian #2

Signature \_\_\_\_\_

#### • Additional information:

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