

EPIPHANY ACADEMY 2024/25 STUDENT 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 21st 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:**

