

Do you have any Child Custody/Visitation issues? Yes ( ) No ( )

LIBERTY CHRISTIAN ACADEMY  
EMERGENCY INFORMATION 2008-2009

Current email address, To be used for emergency school closings due to weather:

e-mail address: \_\_\_\_\_

Student's Name (Last, First, Middle)						Sex	Birth Date	Grade entering	
Student's Address Street						City	Zip	Home phone	Cell number
Father's Name ( ) In Home			Home Phone		Business phone		Cell number		
Father's Employer									
Mother's Name ( ) In Home			Home Phone		Business phone		Cell number		
Mother's Employer									
Step-Parent ( ) In Home			Home Phone		Business phone		Cell number		
Step-Parent's Employer									
Name of Doctor						Phone			
Name of Dentist						Phone			
Name two people with whom your child could be left if unable to contact parent of child (local please)									
Name						Relationship			
Home Phone			Work Phone		Cell Phone				
Name						Relationship			
Home Phone			Work Phone		Cell Phone				
Brothers and sisters at Liberty Christian Academy									
Name						Grade Level			
Name						Grade Level			

# EMERGENCY INFORMATION

## PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION

Does this student have a health problem? Yes ( ) No ( ) If yes, please specify: allergy, asthma, wears glasses, hearing problems, diabetes, epilepsy, bee sting sensitive, rheumatic fever, prosthesis or other: \_\_\_\_\_

Does the student take daily medication at home? Yes ( ) No ( ) If yes, give name and dosage \_\_\_\_\_

Does the student take daily medication at school? Yes ( ) No ( ) If yes, give name and dosage \_\_\_\_\_

1. Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

- |   |                |            |
|---|----------------|------------|
| Penicillin or other antibiotics               | Yes ( ) No ( ) | What _____ |
| Morphine, Codeine, Demerol or other narcotics | Yes ( ) No ( ) | What _____ |
| Novocaine or other anesthetics                | Yes ( ) No ( ) | What _____ |
| Aspirin, Emperin or other pain remedies       | Yes ( ) No ( ) | What _____ |
| Sulfa Drugs                                   | Yes ( ) No ( ) | What _____ |
| Tetanus Antitoxin or other serums             | Yes ( ) No ( ) | What _____ |
| Adhesive tape                                 | Yes ( ) No ( ) | What _____ |
| Iodine or Merthiolate                         | Yes ( ) No ( ) | What _____ |
| Any other drug or medication                  | Yes ( ) No ( ) | What _____ |
| FOOD ALLERGIES                                | Yes ( ) No ( ) | What _____ |
| Special Problems                              | Yes ( ) No ( ) | What _____ |

2. Drugs taken recently: Has the student taken within the past six (6) months: (Circle if yes) Cortisone, ACTH, Anticoagulants, Tranquilizers, Hypotensives (High blood pressure medicines)? Yes ( ) No ( )

3. Has your child received treatment for Asthma, Rheumatism, Rheumatic Fever, Sugar Diabetes, Heart Disease, or Seizure Disorder? Yes ( ) No ( )

Persons who may pickup child:	
Name	Phone
Name	Phone
Name	Phone
Name	Phone
Persons who may not pick up child	
Name	Phone
Name	Phone

My child may participate in all school activities except as noted by me.

My child has my permission to go on field trips. My child may be transported by Liberty Christian Academy or its appointees. I understand seat belt laws will be adhered to.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_