



CHRISTIAN ACADEMY OF WESTERN NEW YORK

EMERGENCY INFORMATION

Date: _____

Student's Name: _____ Age: _____ Grade: _____

Home Address: _____ Cell Number #1: _____

_____ Cell Number #2: _____

Father's Name: _____ Work Telephone: _____

Mother's Name: _____ Work Telephone: _____

Siblings: (include first & last names)

I am the above child's parent OR legal guardian. Please explain: _____

Are there LEGALLY BINDING custody papers/restraining orders in effect for this child: Yes No

***A COPY MUST BE ON FILE in the office**

IN AN EMERGENCY, IF YOU CANNOT REACH ME, PLEASE CONTACT: _____

at telephone number: _____.

Contact's address: _____

Contact's relationship to child: _____

Doctor's name: _____ Telephone number: _____

Preferred hospital: _____

Medical Insurance Plan and #: _____

KNOWN ALLERGIES: _____

FURTHER INFORMATION OR RESTRICTIONS REGARDING ANY SPECIAL HEALTH CONDITIONS: (Including any medication stored at school)

EMERGENCY INFORMATION AND AUTHORIZATION

Please submit as many authorized contacts as possible

Release of minors from school (whether elementary or secondary) is governed by Section 3210 of the NYS Education Law. In summary, students may only be released to the people listed below. When someone shows up to pick up the student, they must report to the school office and produce PROPER IDENTIFICATION, and the name is verified as being on the list below. Minors may not be released except in the event of an emergency as determined in the sole discretion of the administrator/principal of the school, or his/her designee, provided that the persons in parental relation to the minor have been contacted and have agreed to such a release.

Name	Relationship	Address	Phone #

Emergency Situation: In an emergency and I cannot be reached, the school is authorized to send my child to the hospital listed above OR to the nearest hospital by ambulance for treatment. I realize that the school cannot assume responsibility of expenses incurred. Yes _____ (initial) No _____ (Initial)

Health Conditions: Some require special attention should an emergency or sudden illness occur. List serious allergies, recent illness or injury, immunization vaccine or other health conditions that may require special care (**please include medications your child takes at home or may affect them during the school day**).

SPECIAL INSTRUCTIONS: _____

LAST TETANUS: _____

Parent/Guardian Signature

Date