

THE GLORIA S. FRIEND CHRISTIAN ACADEMY  
STUDENT EMERGENCY CARD INFORMATION  
2018 – 2019

(Please Print Clearly)

Student's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Last) (First) (M.I.)

Custodial Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Will your student be attending a before/after care school Latchkey Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Organization \_\_\_\_\_ Organization Contact Person \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Phone (\_\_\_\_) \_\_\_\_\_ Alternate Number (\_\_\_\_) \_\_\_\_\_

When parents or guardian cannot be reached, list three person who may be contacted in case of an emergency;

1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Authorized for daily pickup \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Authorized for daily pickup \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Authorized for daily pickup \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of student's Physican/Clinic \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of student's Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Preferred Hospital for emergency care \_\_\_\_\_

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