

Campus:

Grade:

**Emergency Contact and Medical Information for a Child**

_____		_____		M	F
Child's Name		Date of Birth		Gender	
_____			_____		
Parent's/Guardian's Name			Parent's/Guardian's Name		
_____		_____		_____	
Home/Cell Phone		Work Phone		Home/Cell Phone	
_____		_____		_____	
Address		Address		_____	
_____		_____		_____	
City, ST ZIP Code		City, ST ZIP Code		_____	
_____		_____		_____	
Email:		Email:		_____	

**Alternative Emergency Contacts**

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home/Cell Phone		Work Phone	
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

**Transportation Information**

The following additional people have permission to pick up/transport my child:

_____	_____
Name:	Relation to child:
_____	_____
Phone:	_____
_____	_____
_____	_____
Name:	Relation to child:
_____	_____
Phone:	_____
_____	_____
_____	_____
Name:	Relation to child:
_____	_____
Phone:	_____

Allergies/Special Health Considerations

**Media Consent:**

I grant permission to Alexander Christian Academy to use photographs of my minor child \_\_\_\_\_, in print or online materials designated for promotion, informational, or educational purposes related to Alexander Christian Academy. I understand that my child's name or address will not be used in any promotions.

_____	_____
Parent's/Guardian's Signature	Date