

**2008-2009 EMERGENCY CONTACT INFORMATION
FIRST BAPTIST CHRISTIAN SCHOOL**

Teacher Name

Date
Child's Name _____ Birth date _____
Street _____
City: _____ State: _____ Zip: _____
Home Phone _____
Mother's Name _____ Business Name _____
Bus. # _____ Mom's Cell _____
Father's Name _____ Business Name _____
Bus. # _____ Dad's Cell _____
Child lives with: _____ Both Parents _____ Mom _____ Dad _____
(FBCS require that all students that do not live with both biological parents, have custody papers on file)
Doctor _____ Phone _____
Does your child have allergies? _____
Explain _____

My child has permission to leave school with the following individuals:

Name:	Phone:
_____	_____
_____	_____
_____	_____
_____	_____

_____ Hospital is the hospital I would prefer for my child to go in the case of an emergency.

However, I understand that my child would be transported to the closest hospital or the hospital recommended by the EMS if necessary. I give First Baptist Christian School permission to seek medical attention for my child in my absence. I,

_____, parents of _____, confirm the information above is current and accurate. I understand that it is my responsibility to make changes to this form when necessary.

Parent's Name _____
Date

Subscribed and Acknowledged before me this _____ day of _____, 2008.

Notary

My Commission Expires