



Phoenix Christian Unified Schools

Senior High Junior High Elementary Preschool International

EMERGENCY CONTACT & HEALTH INFORMATION FOR 2012-13 Central Elementary

STUDENT INFORMATION

Student _____ Grade _____ Date _____
Student Address _____ City _____ Zip Code _____
Home Phone (_____) _____ Birthdate _____

FAMILY INFORMATION

Father/Step Father/Guardian _____ Home Phone _____
E-mail _____ Work Phone _____ Cell Phone _____
Mother/Step Mother/Guardian _____ Home Phone _____
E-mail _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Please list two or three people who can assume temporary care of your student if you cannot be reached:
DO NOT LIST PARENT/ GUARDIAN!

1. Name _____ Relationship _____
Daytime Phone _____ Cell Home Work (Circle One)
2. Name _____ Relationship _____
Daytime Phone _____ Cell Home Work (Circle One)
3. Name _____ Relationship _____
Daytime Phone _____ Cell Home Work (Circle One)

List any individual(s) who SHOULD NOT pick up and/or have contact with your student:

1. _____
2. _____

EMERGENCY & HEALTH INFORMATION

In case of serious accident or illness at school, your student will be sent to an emergency medical facility. The parent/guardian is responsible for all expenses.

Physician _____ Phone _____
Known Allergies _____
Daily Medications _____
(Please list any medicine taken at home and at school)
Other Pertinent Medical Data _____

It is the policy of Phoenix Christian Unified Schools requiring all students to be covered by a school accident insurance policy or your family health insurance.

Name of Family Health Insurance _____

I will purchase the Student Accident Insurance offered through Phoenix Christian Unified Schools.

PHOENIX CHRISTIAN UNIFIED SCHOOLS

Permission for any School Related Function and
Consent for Medical Treatment
2012 - 2013

Must be signed in presence of Notary Public.

STUDENT NAME _____ GRADE _____ DATE _____

The undersigned hereby gives permission for the above named student to attend any school-related function for the period from August 1, 2012 to July 31, 2013 . In the event there is any emergency involving him/her, permission is hereby granted for **Phoenix Christian Unified Schools** personnel to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon or dentist licensed to practice in any state, and school personnel shall not be held personally liable.

If emergency service involving medical action or treatment is required, and neither the parent nor guardian can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parent/guardian to full liability for any subsequent injury, or may cause the student to be removed from Sports participation.

The parent/guardian must complete a written authorization form provided by the school for prescription medications that will be taken at school. All prescription medications must be turned in to the school office in the container dispensed by the pharmacy.

Known Drug Allergies: _____ None



Signature of Parent or Legal Guardian
(Must Sign in Presence of Notary Public)

State of Arizona, County of Maricopa
Subscribed and sworn to before me

This _____ day of _____,

Notary Public _____
Signature

My Commission Expires _____