



HARVEST CHRISTIAN SCHOOL

"Training Up Leaders to Impact Generations"

STUDENT EMERGENCY CONTACT INFORMATION 2020-2021

PARENT/GUARDIAN INFORMATION

I, _____ the parent/guardian (s) of _____
_____. I can be reached at one of the following telephone numbers and/or
addresses:

WORK

HOME

Address

Address

City, State & Zip Code

City, State & Zip Code

Telephone Number

Home & Cell Telephone Number

STATEMENT OF AUTHORIZATION

I, _____ give permission to Faith Academy my to call a doctor
for medical or surgical care for our child _____ in case of an emergency.
We understand that Faith Academy will make a conscience effort to locate me. We accept full
responsibility for any medical expenses.

CHILD RELEASE

In the event we are unable to personally pick up our child, we give consent for our child,
_____ to be released to the following persons only:

1. _____ Relationship: _____ Phone #: _____

2. _____ Relationship: _____ Phone #: _____

3. _____ Relationship: _____ Phone #: _____