



# HARVEST CHRISTIAN SCHOOL

*"Training Up Leaders to Impact Generations"*

## STUDENT EMERGENCY CONTACT INFORMATION 2021-2022

**PARENT/GUARDIAN INFORMATION:** I, \_\_\_\_\_ the parent/guardian(s) of \_\_\_\_\_. I can be reached at one of the following telephone numbers and/or addresses:

### WORK

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

### HOME

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Home & Cell Telephone Number \_\_\_\_\_

## STATEMENT OF AUTHORIZATION

I/We, \_\_\_\_\_ give permission to Harvest Christian School my to call a doctor for medical or surgical care for our child \_\_\_\_\_ in case of an emergency. We understand that Harvest Christian School will make a conscience effort to locate and contact me. I/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(ren), \_\_\_\_\_ to be released to the following persons :

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_

4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone & Email: \_\_\_\_\_