



HARVEST CHRISTIAN SCHOOL

"Training Up Leaders to Impact Generations"

STUDENT EMERGENCY CONTACT INFORMATION

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/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: _____

