

**• PLEASE PRINT**  
**• USE BLACK OR BLUE INK ONLY**  
**Whittier Christian School**  
**Summer School**  
**Information**  
**EMERGENCY INFORMATION**

Whittier Christian High School  
**U.S. CITIZEN**

**IMPORTANT: If any of the following information changes (i.e. addresses, guardianship, phone numbers) you MUST notify the school immediately.**

STUDENT'S LEGAL NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Grade Entering \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**FATHER: Living with student?**  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Nature of business \_\_\_\_\_

**MOTHER: Living with student?**  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Nature of business \_\_\_\_\_

► Is there anyone who, by court decree, is restrained from taking the student from school?  Yes  No If yes, name of person: \_\_\_\_\_

**In case of an emergency or if the student becomes ill, I hereby authorize school officials to call the following persons when parents or guardians are not available. Please list two adults (must be 25 years of age or older) who can be reached during school hours.**

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_

Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_

Relationship to student \_\_\_\_\_

In case of accident or other emergency, permission is given to call the paramedics or any local physician. I (We), the undersigned, parent(s)/guardian(s) of the student named above, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act by a physician on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may, deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Family Physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies to drugs or food \_\_\_\_\_ Health concerns \_\_\_\_\_

Special medications \_\_\_\_\_ Last tetanus shot (date) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**FIELD TRIP AUTHORIZATION:** We give our permission for our student to accompany his/her class on all field trips throughout the current school year. If transportation is needed, it will be arranged by the school.

I (We) have read and accept the conditions of this emergency form.

FATHER: X \_\_\_\_\_ Date \_\_\_\_\_

MOTHER: X \_\_\_\_\_ Date \_\_\_\_\_