

EPWORTH CHRISTIAN SCHOOL
Student Information/Emergency Card 2023-2024

Grade: _____ Date of Birth: _____ Home Phone: _____

Student Name: _____

Address: _____

Father's Name: _____ Hours of Employment: _____

Place of Employment: _____ Business Phone: _____

Cell Phone: _____

Mother's Name: _____ Hours of Employment: _____

Place of Employment: _____ Business Phone: _____

Cell Phone: _____

If Parents/Guardians cannot be reached call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Students may only be picked up by the following people unless I instruct otherwise:

Name _____ Relationship _____

Name _____ Relationship _____

Physician _____ Phone _____ Dentist _____ Phone _____

Serious Medical Conditions & Allergies _____

Medical Insurance _____

Emergency Medical Care:

In the event my child becomes ill or injured while under reasonable school supervision, I authorized ECS personnel to take the following steps if I am unable to be reached:

1. Contact parent/guardian of my child and follow the parent/guardian instructions
2. Contact the other person/persons listed as emergency contacts and the listed physician and follow their instructions.
3. If none of the above answer, the school will call an ambulance for transport to local medical facility.
4. Based on the medical judgment of the attending physician, the student may be admitted to the facility.
5. The school will continue to call parents/guardians until one is reached.

In the event my child suffers a life or limb suffering injury, I authorize ECS personnel to implement a local emergency plan prior to contacting me or following the prescribed steps listed above.

I also agree to release ECS and its Board and Employees from all liabilities and expenses in connection with the above activities and instructions, and hold them harmless from any injury or damage caused to my child.

Parent/guardian Signature _____ Date _____