

## Corpus Christi ECC Emergency Form 2017-2018 SY

**Child's Name** \_\_\_\_\_

(Last)

(First)

(MI)

(Nickname)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone number to call first \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Official School Email: \_\_\_\_\_

Other School's Currently Attending: \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Place Employed \_\_\_\_\_Work Phone (**required if employed**) \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Marital Status \_\_\_\_\_

E-mail address \_\_\_\_\_ Other Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Place Employed \_\_\_\_\_Work Phone (**required if employed**) \_\_\_\_\_ Home Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Marital Status \_\_\_\_\_

E-mail address \_\_\_\_\_ Other Phone \_\_\_\_\_

**Person(s) or Agency Having Legal Custody of Child:** \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email address \_\_\_\_\_

**Names of Siblings Living at Home:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

**Medical Information:**

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies or intolerance to food, medication, etc. \_\_\_\_\_

Allergy Reaction: \_\_\_\_\_

Action to be Taken: \_\_\_\_\_

If the action to be taken requires medication please provide the medicine to the office for storage.

**(Over)**

**Emergency Contacts (if parents or guardian are not available)**

**ALL INFORMATION MUST BE FILLED OUT ----- Do not list parents or guardian names**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person(s) authorized to pick up child from school. Please include parents first and then all others.**  
(Identification Required)

1. Parent name: \_\_\_\_\_ 4. \_\_\_\_\_

2. Parent name: \_\_\_\_\_ 5. \_\_\_\_\_

3. Emergency Contact Name1: \_\_\_\_\_ 6. \_\_\_\_\_

4. Emergency Contact Name2: \_\_\_\_\_ 7. \_\_\_\_\_

**Person(s) NOT authorized to pick up child from school. Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent or Guardian Agreement**

I agree to notify the school within 24 hours if my child or any member of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, my emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child.

Parent or Guardian Signature \_\_\_\_\_

**General Information**

Child's Special Needs (If Any) \_\_\_\_\_

Does he or she require daily medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Does he or she have a medical condition we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signatures**

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**ECC Director** \_\_\_\_\_ **Date** \_\_\_\_\_

All information requested on registration is required by the Department of Social Services under the 22 VAC 15-30-80. Code