

HEARTLAND CHRISTIAN ACADEMY

Information and Emergency Care

PLEASE PRINT (one per student)

Student's Full Name _____ Birth date _____ Gender _____

Parents'/Guardians' Names _____ Phone

Home Address _____ City _____ State

Zip _____ E-mail

Address _____

Work Address _____

Occupation(s) _____

Work Phone #(s) _____ Mom Cell _____ Dad Cell

Names and ages of other children in the

family _____

1. Name of person to call in case of Emergency

Telephone _____ Relationship _____

2. Name of person to call in case of Emergency

Telephone _____ Relationship _____

Person(s) authorized to take child from the school:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

(Child will not be allowed to leave with any other person without written authorization from the responsible parent or guardian).

Please highlight any other health concerns or issues of which you would like us to be aware.
