

**Mother Lode Christian School
Emergency Card**

Please Print

Students Name: Last, First Grade

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In case of an emergency, please contact:

Mom/Guardian: Home Phone: Cell: Work:

Dad/Guardian: Home Phone: Cell: Work:

Please list two other individuals you would like us to contact in case of an emergency – if the above-named person(s) is unavailable.

	(Name)	(Relationship)	(Home Phone)	(Work Phone)
1.				
2.				

Primary Care Physician: Phone Hospital Choice

Dentist: Phone

Insurance Provider: Policy #:

Student Name: Known Health Problem(s) or Allergies

Medication(s) taking for

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Medication(s) taking for

In the event of an emergency illness or injury, I hereby authorize Mother Lode Christian School to contact my physician and/or individual(s) listed above and/or transport my child to the hospital I have selected above, if necessary. I understand all expense(s) related to this emergency are the responsibility of the parents and will not be paid by Mother Lode Christian School.

Parent/Guardian Signature Date: