

AMERICAN CHRISTIAN ACADEMY

DAY CARE EMERGENCY CONTACT FORM

CHILDS NAME _____ GRADE _____

DOB _____ HOME PHONE _____

MOTHERS NAME _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK _____

FATHERS NAME _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK _____

PERSON(S) TO BE CONTACTED IN CASE OF AN

EMERGENCY 1. _____ RELATION _____

2. _____ RELATION _____

AUTHORIZATION IS GIVEN TO ACA STAFF TO RELEASE MY
CHILD TO THE FOLLOWING:

1. _____ RELATION _____

2. _____ RELATION _____

LIST ANY ALLERGIES OR MEDICAL
CONDITIONS; _____

CAN YOUR CHILD BE GIVEN TYLENOL? _____ YES _____ NO

PARENT/GUARDIAN SIGNATURE _____

DATE _____