

**EMERGENCY INFORMATION FORM**  
**2017/2018**

West Side Christian School

Family's Last Name: \_\_\_\_\_

Parents' First Names: \_\_\_\_\_

Email: \_\_\_\_\_

Children attending West Side Christian School: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Phone Numbers:**

(joint custodial parent info on back of this form)

Home #: \_\_\_\_\_

Mom's cell #: \_\_\_\_\_

Dad's cell #: \_\_\_\_\_

Mom can be reached at work (place of employment) \_\_\_\_\_  
during these times \_\_\_\_\_ at this number \_\_\_\_\_.

Dad can be reached at work (place of employment) \_\_\_\_\_  
during these times \_\_\_\_\_ at this number \_\_\_\_\_.

Name and number of friend or relative to call in case parents cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_

Please list any **special health conditions / allergies** of any of the children named above:

(NOTE: Parents, please request an "Allergy Action Plan" form from the office if your child has severe allergies/asthma.)

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

**"In case of emergency, I hereby give West Side Christian School staff permission to secure emergency and/or emergency surgical treatment for the above named minor child(ren) while in their care."**

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out both sides of this form.**

**CHURCH/PASTOR INFORMATION** (for Pastors' Day invitation)

Church Name \_\_\_\_\_

Pastor: \_\_\_\_\_

Youth Leader: \_\_\_\_\_

**JOINT CUSTODIAL PARENT INFORMATION**

Joint Custodial Parent Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- emergency contact       print in the directory       send duplicate mailings

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**2017/18 Permission for Photo Release**

West Side Christian School requests your permission to take photographs/videos of your student(s) and use those photographs/videos for uses deemed appropriate by the school. Photos and videos of students are used for, but not limited to, the following promotional purposes:

- WSCS newsletters and home bulletins
- outside resources such as newspapers and television
- WSCS website\*

\_\_\_\_\_ I **DO** give West Side Christian School permission to use photographs/videos of my child for various school-related promotional purposes. (students listed below)

\_\_\_\_\_ I **DO NOT** give West Side Christian School permission to use photographs/videos of my child for various school-related promotional purposes. (students listed below)

| Student(s): | Grade |
|-------------|-------|
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |

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Parent/Legal Guardian Signature

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Date