

**CYPRESS CHRISTIAN SCHOOL  
2019-20 EMERGENCY CONTACT INFORMATION**

Student's Last Name	First Name	Grade/ Teacher	Date of Birth
Home Address	City/State/Zip	Home Phone Number (    )	
Child lives with:		Child rides bus: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your name, phone number, email and address will appear on ParentsWeb (for school parents only) unless you check here to remove it from the school directory <input type="checkbox"/>			
First parent contact: _____ Employer: _____ E-mail address: _____		Business Phone (    ) _____  Cell Phone Number (    ) _____	
Second parent contact: _____ Employer: _____ E-mail address: _____		Business Phone (    ) _____  Cell Phone Number (    ) _____	
Other person(s) to contact in an emergency if parent(s) cannot be reached. These people can also pick/up the student.			
Name: _____ Phone: _____ Relationship to child: _____			
Name: _____ Phone: _____ Relationship to child: _____			
<b>Student Health Conditions (check all that apply):    <input type="checkbox"/> NO medical conditions</b>			
<input type="checkbox"/> Allergies (please list below)	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Nervous twitch	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neuromuscular disorder	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear infections/tubes/hearing	<input type="checkbox"/> Seizure disorder	
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Sickle cell anemia	
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sore throats (frequent)	
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Speech problems	
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Traumatic brain injury	
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Vision problems	
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines		
Please explain any conditions above or any reasons for hospitalization:			
Please list medications being taken:			
Allergy type, reaction, recommended action (if EpiPen, must leave at school office):			

**PERMISSION TO TRANSPORT CHILD**

I give Cypress Christian School my permission to transport the child listed above to the nearest medical/dental care facility. Signing this form only authorizes the school to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival (dependant on emergency facility). In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the emergency contacts listed above. If it is impossible to reach me or the emergency contacts, the school may make whatever arrangements seem necessary.

\_\_\_\_\_  
Mother's/Guardian's Signature

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Father's/Guardian's Signature