

Green Valley Christian School Emergency Card

Child Information

Child Full Name		Date of Birth:	
Physical Address		Home Phone #:	
Insurance Carrier		Grp./Policy #:	Ins. Phone#:
Physician Name & #		Dentist Name & #:	
List Prescribed Medications			
List All Allergies			
Medical Limitations or Conditions			

Parent/Legal Guardian Information

Father's Name/Legal Guardian		Cell #	
Physical Address		Work #	
Email Address			

Mother's Name/Legal Guardian		Cell #	
Physical Address		Work #	
Email Address			

***If your family has a different mailing address than physical please inform the office.**

The Following Persons have authorization to pick-up and/or be called in an emergency:

Name	Phone #		Relationship to child
1.			
2.			
3.			
4.			
5.			

Additional Authorized to pick up:

Notes: