

Family Emergency Information Form

**This form provides critical information in the case of an emergency.
Please complete all portions and initial.**

Last Name: _____ Father: _____ Mother: _____

List children's names, including last name if different than parents.

Child: _____ Child: _____
 Child: _____ Child: _____
 Child: _____ Child: _____
 Child: _____ Child: _____

Emergency Contact's Name (offsite during classes)

Emergency Contact's Phone Number

Father's Work Phone Number

Father's Cell Phone Number

Family Home Phone

Mother's Work Phone Number

Mother's Cell Phone Number

Doctor's Name

Doctor's Phone Number

**Medical Considerations: Please check one box for each section below:
 Medical Information is NOT retained after each semester.
 Please list all medical considerations for each child.**

In case of Emergency, will your child(ren) require special assistance during an evacuation due to a physical disability? Yes No
 If yes, list the child's name and explain their evacuation needs (such as wheel-chair assistance required).

Child's Name: _____ Evacuation Needs: _____

Child's Name: _____ Evacuation Needs: _____

Child's Name: _____ Evacuation Needs: _____

Are there any allergies that need consideration for your child(ren)? Yes No
 If yes, list the child's name and indicate allergies, noting anything that may be life threatening.

Child's Name: _____ Allergies: _____
 Is this condition life threatening? Yes No

Child's Name: _____ Allergies: _____
 Is this condition life threatening? Yes No

Child's Name: _____ Allergies: _____
 Is this condition life threatening? Yes No

Does your child(ren) have any medical considerations that require attention or may hinder them from class participation? Yes No
 If yes, list the child's name below and explain any medical considerations, noting anything that may be life threatening.

Child's Name: _____ Medical Considerations: _____
 Is this condition life threatening? Yes No

Child's Name: _____ Medical Considerations: _____
 Is this condition life threatening? Yes No

Child's Name: _____ Medical Considerations: _____
 Is this condition life threatening? Yes No

Parents Initial	Date	Best Onsite Cell Phone Number: _____ I understand it is the responsibility of the parent and <u>not</u> HCEC or New Life Church to attend to the medical conditions and/or needs of my children and that I am required to keep my cell phone available during class hours for emergency purposes.
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