

**STUDENT EMERGENCY INFORMATION
OFFICE RECORDS**

(This form must be completed yearly for every student.)

Student's Name _____ **Grade** ____ **Age** ____ **Date** _____

In case of emergency, list persons you would like us to call. Please include yourself, grandparents, friends, etc. (in order of priority). Please include any cell phones, work numbers, etc.

<i>Name</i>	<i>Relationship to Student</i>	<i>Home/Work/Cell phone Numbers</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the above people cannot be reached, what would you like the school to do? (Your recommendation will be respected as much as possible.)

***** Prescriptions medicines must be kept in the school office and be administered by a staff person. ****

Please list any known medical condition (including asthma).

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

Please list any medications that would need to be routinely administered.

Please list any known allergies (include environmental and any past reactions to medicine, bee stings, etc.).

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

Name of Dr. _____ **Phone number** _____
Name of Medical Insurance _____ **Policy No.** _____
Group # (if any) _____ **Name of Guarantor** _____

Special instructions (if any) _____
Parents' Signatures _____

(All students)

Walnut Street Christian School
201 W. Highland St
P.O. Box 616
Avis, PA 17721

August, 2011

Dear Parent:

As you well know, the safety of our students is of the utmost importance to us here at WSCS. In this day and age, you can not be too cautious. That is why we are sending this not home to you, and want to stress the importance of getting this letter back to the school office. We want to be proactive when it comes to who our students go with or who picks them up at school. Please fill out the form below and return it to school as soon as possible. If a person comes for your child, and their name is not on the list, we will try to contact you for verbal permission. If, however, we can not get hold of you, and there is no note sent or a telephone call made to the office, we will not let the child go with them. Please inform us of any last minute changes! Thank you for your cooperation in this very serious matter. These forms will be held in the school office, and a copy given to their teacher. This is for elementary and high school students.

Name of those who may pick up my child	Relationship	Telephone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone who may **NOT** pick up your child?

Family Name _____ Name of Child _____