

**PALMETTO CHRISTIAN ACADEMY OF GREENWOOD**

**EMERGENCY INFORMATION**

NAME OF STUDENT \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list two people who may be contacted in the event of emergency if we are unable to contact the parents.

Name	Home Phone	Cell Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Past Illnesses or Conditions:**

Diabetes \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Ear Infections \_\_\_\_\_  
Hearing Loss \_\_\_\_\_  
Asthma \_\_\_\_\_

**Allergies:**

Medications \_\_\_\_\_  
Other \_\_\_\_\_

**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Medical Care**

I give permission to the administration of Palmetto Christian Academy of Greenwood to obtain emergency medical care in the most expedient manner at any licensed and qualified medical facility in the event that I cannot be reached.

Yes No (please circle one) Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_