

Southbridge Christian Academy
A Ministry of Southbridge Full Gospel Center, Inc.
Emergency Information

Family Name: _____

Student Name(s): _____

Address: _____

Allergies: _____

Home Telephone #: _____ Email: _____

Parent contact information:

Mother: _____ Business Phone: _____

Pager: _____ Cell Phone: _____

Father: _____ Business Phone: _____

Pager: _____ Cell Phone: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Tel.#: _____

Address: _____

2. Name: _____ Tel.#: _____

Address: _____

List any allergies: _____

In case of 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 physician indicated below and to follow his instructions. If it is impossible to contact the physician the school may make whatever arrangements deemed necessary.

Physician's Name: _____ Tel. #: _____

Address: _____

Signature of Father

Date

Signature of Mother

Date