

# Life Christian Academy



## Visitor's Information and Emergency Consent Form

### Student Information:

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

Father/Stepfather/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Stepmother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Information: Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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**NAMES OF PEOPLE TO BE CALLED IF STUDENT IS INJURED OR BECOMES ILL (IN ORDER THEY ARE TO BE CALLED):**

NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____

Allergies (meds or other) \_\_\_\_\_  Asthma  Other \_\_\_\_\_

### CONSENT FOR HOSPITAL ADMISSION AND/OR PHYSICIAN'S CARE—MEDICAL AND SURGICAL CONSENT

I, the undersigned, hereby consent to all medical and surgical treatment by the attending physician and to the administration for the performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, or other procedures which may be deemed necessary during the stay at this medical facility for:

Student's Name: \_\_\_\_\_

I have read the above consent form and understand and agree to its content.

Parent Name (Please Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_