



Kingdom Education for Young Scholars
STUDENT EMERGENCY & MEDICAL FORM
 2011-2012

Student Information (Please complete one for each child.)

Student's Name: Last	First	Middle	DOB:
Address	City	State	Zip
Home Phone	Cell Phone		

For the health and safety of your son/daughter, this form must be completed and returned to the school by the first day of attendance.

To serve your child in case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

	Name	Employer	Phone	Cell
Guardian/Mother:	_____			
Guardian/Father:	_____			

LIST TWO RESPONSIBLE PARTIES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name: _____	Name: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
Relationship to child: _____	Relationship to child: _____

Health Information: List any health conditions such as allergies, any chronic conditions, or learning disabilities, etc. List any special needs or medications that your child is taking .

Family Doctor: _____	Family Dentist: _____
Phone: _____	Phone: _____
Health Insurance Provider: _____	Policy Number: _____
Name of insured: _____	

I, the undersigned, do hereby authorize KEYS to contact directly the persons named on this document and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this document or parents cannot be contacted, KEYS is hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the said child.

I will not hold KEYS financially responsible for the emergency care and/or transportation for said child.

I accept total responsibility for my child if he or she chooses to leave the campus whether on foot or in a vehicle during KEYS hours of operation.

By signature below, I hereby give my full consent for the above mentioned child to participate in all KEYS sponsored events, field trips, and athletic teams for the academic year

Signature of Parent or Guardian _____ **Date** _____