

Family Emergency Information Form

This form provides critical information in the case of an emergency.
Please complete all portions and initial.

Last Name: _____ Father: _____ Mother: _____

List children's names, including last name if different than parents.

Child: _____ Child: _____
 Child: _____ Child: _____
 Child: _____ Child: _____

Emergency Contact's Name (offsite during classes)	Emergency Contact's Phone Number

Father's Work Phone Number	Father's Cell Phone Number	Family Home Phone

Mother's Work Phone Number	Mother's Cell Phone Number	Doctor's Name	Doctor's Phone Number

Medical Considerations: Please check one box for each section below:

Medical Information is NOT retained after each semester.

Please list all medical considerations for each child.

In case of Emergency, will your child(ren) require special assistance during an evacuation due to a physical disability? Yes No
 If yes, list the child's name and explain their evacuation needs (such as wheel-chair assistance required).

Child's Name: _____ Evacuation Needs: _____
 Child's Name: _____ Evacuation Needs: _____
 Child's Name: _____ Evacuation Needs: _____

Are there any allergies that need consideration for your child(ren)? Yes No
 If yes, list the child's name and indicate allergies, noting anything that may be life threatening.

Allergies: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____
 Allergies: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____
 Allergies: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____

Does your child(ren) have any medical considerations that require attention or may hinder them from class participation? Yes No
 If yes, list the child's name below and explain any medical considerations, noting anything that may be life threatening.

Medical Considerations: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____
 Medical Considerations: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____
 Medical Considerations: _____
 Child's Name: _____ Is this condition life threatening? Yes No _____

I understand it is the responsibility of the parent and not THE BRIDGE Academy Classes or Bible Baptist Church to attend to the medical conditions and/or needs of my children.

Parents Initial	Date