

NORTHWEST CHRISTIAN SCHOOLS OF LACEY

VISITOR INFORMATION & EMERGENCY CONTACT FORM

Student Information:

Name: Male Female Grade:

Address:

Father/Stepfather/Guardian's Name:

Cell Phone: Work Phone:

Email:

Mother/Stepmother/Guardian's Name:

Cell Phone: Work Phone:

Email:

Emergency Information:

Doctor's Name: Phone:

Names of people to be called if student is injured or becomes ill (in order they are to be called):

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Student</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Allergies:

Asthma Other:

Current School: Current Grade:

How did you hear about us?

Consent for hospital admission and/or physician's care-medical and surgical consent:

I, the undersigned, hereby give permission that my child, many be given emergency treatment to include first aid and CPR by a qualified emergency medical or first aid caregiver. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

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

Parent Signature: Date:

NORTHWEST CHRISTIAN ACADEMY
Kindergarten – 8th Grade
(360) 493-2223
nca@ncslacey.org

NORTHWEST CHRISTIAN HIGH SCHOOL
9th – 12th Grade
(360) 491-2966
nchs@ncslacey.org