2026-2027

FAMILY LIFE ACADEMY - STUDENT EMERGENCY INFORMATION FORM

Does your child have allergies? _____ Family Last Name(s)_____

STUDENT'S NAME_____Birth Date_____Grade____
Last First

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Last First

STUDENT'S NAME_____Birth Date_____Grade____
Last First

Child's Home Address_____
Street/Apt# City State Zip Code

MOTHER'S NAME_____Phone#_____ _____
Home Cell

Mother's Home Address_____
(if different than above) Street/Apt# City State Zip Code

Mother's e-mail_____

Place of Employment: _____Phone#_____

FATHER'S NAME_____ Phone#_____ _____
Home Cell

Father's Home Address_____
(if different than above) Street/Apt# City State Zip Code

Father's e-mail_____

Place of Employment_____Phone#_____

Custody papers have been provided and are on file at the facility. Yes No

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. ***We will not allow anyone other than the person listed to pick up your child from school.**

1. **NAME**_____ Relationship_____ Phone#_____

   Address_____
   Street/Apt# City State Zip Code

2. **NAME**_____ Relationship_____ Phone# _____

   Address_____
   Street/Apt# City State Zip Code

In case of injury or sudden illness, _____will be called first.

☐ **I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.**

HOSPITAL PREFERENCE _____

Does your child have insurance coverage? ☐**Yes** ☐**No** **Name of insurance Company**_____

***The State of Arizona requires immunization for students entering Kindergarten and Sixth grade.**
If your child is new, entering Kindergarten or sixth grade, please attached your child's record of immunization or a signed exemption form (available in the office).

Medical Information - Please specify child when filling out the following questions.

Does your child have allergies? ☐No ☐Yes

If yes, please list allergies and outline the steps to be taken in case of an allergic reaction. _____

_____

Is child usually susceptible to infections? ☐No ☐Yes

if yes, what precautions need to be taken? _____

_____

Is child subject to convulsions? ☐No ☐Yes

What should be our procedure if one occurs? _____

_____

Is there any physical condition that we should be aware of (heart trouble, foot problems, hearing impairment, hernia, etc.)? ☐No ☐Yes

What precautions should be taken? _____

_____

Additional comments:_____

_____

Other special instructions:_____

_____

This **Emergency/Medical Information Form** is accurate and complete, front, and back, and was provided by:

_____ _____ _____

Parent or Guardian printed name **Signature** **Date**