

BCS FAMILY EMERGENCY INFORMATION 2017- 2018

Student Name: _____ Grade: _____ Date of Birth: _____
(Last) (First) (Middle)

Student Name: _____ Grade: _____ Date of Birth: _____
(Last) (First) (Middle)

Student Name: _____ Grade: _____ Date of Birth: _____
(Last) (First) (Middle)

Student Name: _____ Grade: _____ Date of Birth: _____
(Last) (First) (Middle)

Please notify the school if any of this information changes during the year.

Town of Legal Residence _____ Home Phone _____

Father's Name _____ Mother's Name _____

Father's Mailing Address _____ Mother's Mailing Address _____

Father's Employer _____ Mother's Employer _____

Position Held _____ Position Held _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell _____ Beeper _____ Mother's Cell _____ Beeper _____

Father's email _____ Mother's email _____

Name of Church _____ Pastor _____

If parents are separated, with whom does the child reside _____

If time is split between parents, please list schedule _____

After attempting to contact the parents, please contact the following in case of emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list those that are allowed to pick up your child(ren) from school other than emergency contacts - please let them know that they may be asked to present identification – Thank you!

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In case of an emergency or accident, I desire to be contacted. If I cannot be reached, permission is granted to Bangor Christian School official's to care for my child according to the seriousness of the case. I would prefer my child be taken to: Eastern Maine Medical Center _____ St. Joseph's Hospital _____, if at all possible.

Medical Insurance Company _____ Policy # _____

Signature of Parent _____ Date _____