

# CTK School - Emergency Information Form

_____	_____	_____
Last Name	Father	Mother
_____	_____	_____
Student	Student	Student
_____	_____	_____
Student	Student	Student

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Ph# \_\_\_\_\_

_____	Phone# _____	_____	Phone# _____
Mother's	Pager# _____	Father's	Pager# _____
Place of Employment	Mobile# _____	Place of Employment	Mobile# _____

List a neighbor or relative who will assume care of your child if you cannot be reached in an emergency:

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

Student lives with:  Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Foster Parents  
 Legal Guardian  Other: \_\_\_\_\_

In case of serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed below and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary including transportation of the child.

Signature/Parent-Guardian \_\_\_\_\_

Allergies \_\_\_\_\_

Other Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_

Physician's Office Phone \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Name

I will pick up my children every day before 3:00 p.m.     My children are in a carpool w/ \_\_\_\_\_  
 \_\_\_\_\_ will pick up my children on \_\_\_\_\_ and will be picked up every day **before 3:00 p.m.**  
 Mon    Tue    Wed    Thu    Fri

Has my permission to walk home  
Comments: \_\_\_\_\_

Has my permission to ride a bicycle to and from school  
Comments: \_\_\_\_\_

My child(ren) ride the \_\_\_\_\_ van/bus after school.  
Van/Bus - Phone # \_\_\_\_\_  
 Mon    Tue    Wed    Thu    Fri

My child(ren) **are** registered in  
CHRIST THE KING AFTER SCHOOL CARE:  
 Mon    Tue    Wed    Thu    Fri

My child(ren) **are not** registered in CHRIST THE KING  
AFTER SCHOOL CARE, but if they haven't been picked up  
by 3:00 p.m., you have my permission to send them to  
CHRIST THE KING AFTER SCHOOL CARE and I will pay  
the current per-child drop-in rate.

**ALL CHILDREN NOT PICKED UP BY 3:00 P.M. ARE SENT TO CHRIST THE KING AFTER SCHOOL CARE AND  
THE CURRENT DROP-IN RATE IS APPLIED.**