



GREEN PASTURES CHRISTIAN SCHOOL

Dr. Collette L. Gunby, President

Emergency Information Form

Listed below is the name of person(s) to be contacted in case of an emergency; and to whom the child may be released to other than the parents:

NAME _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home No: _____ Work No: _____ Cell No: _____

NAME _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home No: _____ Work No: _____ Cell No: _____

If emergency medical services are needed, it will be coordinated with parents or emergency contact person prior to transporting the child or calling an ambulance for such services when feasible. When the parent cannot be contacted immediately, the school will transport the child to his/her family doctor for a minor emergency. In case of a major emergency, the child will be transported to Children's Healthcare of Atlanta (formerly Egleston's Children Hospital).

CHILD'S PHYSICIAN: _____ Phone No: _____

Allergy: _____ Adverse Reaction: _____

Allergy: _____ Adverse Reaction: _____

List any physical challenges, learning disabilities, mental health disorders, or developmental disabilities: _____

Parent's signature indicates that you have read and agree to the above statements. Any disagreements may be attached with this Emergency Information Form.

Signature _____ **Date:** _____