

City of Faith Christian School

Advancing the Kingdom Of God by Developing the Next Generation of Leaders

3445 & 3453 White Plains Road ♦ Bronx ♦ New York 10467 ♦ Tel: (718) 798-3052 ♦ Fax: (718) 652-5442

EMERGENCY CONTACT FORM

CHILD'S NAME: _____ D.O.B: _____

ADDRESS: _____

Mother's Name: _____ Phone#: _____

Cell #: _____

Employer: _____ Bus. #: _____

Address: _____

Father's Name: _____ Phone# : _____

Cell # : _____

Employer: _____ Bus. #: _____

Address: _____

Physician to be called in case of emergency:

Name: _____ Phone #: _____

Dentist to be called in case of emergency:

Name: _____ Phone #: _____

Name of preferred hospital:

Name: _____ Phone #: _____

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In the event your child becomes ill in school and we are unable to reach you, the following individuals have authority to transport and care for the child:

Contact # 1

Name: _____

Telephone #: _____

Address: _____

Relation to child: _____

Contact # 2

Name: _____

Telephone #: _____

Address: _____

Relation to child: _____

Contact # 3

Name: _____

Telephone #: _____

Address: _____

Relation to child: _____

Please list any illness, operations or injuries within the last 12 months:

_____ Date: _____

_____ Date: _____

Please list any medications taken on a regular basis (except vitamins):

_____ Reason: _____

Please list any conditions or limitations of activities:

Allergies None Epi pen prescribed Drugs (list) _____

Foods (list) _____ Other (list) _____