



ABUNDANT LIFE ACADEMY

EMERGENCY FORM

2016/2017 School Year

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gender: M F

Ethnicity: Circle African American Asian Caucasian Hispanic Other \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK YOUR CHILD/EMERGENCY PHONE NUMBERS (OTHER THAN PARENT/GUARDIAN)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Work: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Please circle one: MARRIED SEPARATED DIVORCE WIDOWED RE-MARRIED SINGLE

Medical Alert: \_\_\_\_\_