



Shenandoah Valley Christian Academy

P.O. Box 1360 ♦ Stephens City, VA 22655 ♦ P: 540.869.4600 ♦ F: 540.869.4662
www.svca.net www.svcasports.net

Student Emergency Information

2008-2009 Academic Year

Please verify information and make additions and changes as needed.

| | | |
|-------------------------------------|----------------|--------|
| Student Name (First, middle, last) | | |
| Date of Birth: | Grade: | |
| Parents/Guardians: | Mother's Name: | |
| Physical Home Address: | Home Phone: | |
| Mother's Work Phone: | Mother's Cell: | Other: |
| Father's Work Phone: | Father's Cell: | Other: |
| Additional Parent Name and Address: | Phone: | |

Medical conditions and/or allergies (including reactions to medication): _____

Current Medications: _____

(A 72 hour supply of life-sustaining medications should be kept at the school)

Are there any physical or medical conditions we should know about? _____

| | |
|---------------------------|----------------------------|
| Physician: | Phone: |
| Dentist: | Phone: |
| Health Insurance Carrier: | Policy #: |
| Under the name of: | Relationship: |
| Preferred hospital: | Date of last tetanus shot: |



Please list TWO names that SVCA may contact in case of medical emergency if we cannot reach the parents or guardians. (Please notify these individuals that you have given them this authorization.)

| | |
|------|-------|
| Name | Phone |
| Name | Phone |



List the name of THE PERSON who SVCA should contact in the case of an early dismissal.

| | |
|------|-------|
| Name | Phone |
|------|-------|



List the names of people who MAY NOT pick up your child.

Initial if school staff may administer: _____ Aspirin; _____ Tylenol; _____ Ibuprofen; _____ None

| | | | |
|--------------------|------|--------------------|------|
| Father's Signature | Date | Mother's Signature | Date |
|--------------------|------|--------------------|------|

No records or information will be released outside the school without parental consent. Faculty and staff have limited access to these records. *Please notify the school office of any changes during the school year.*

Medical Release Signatures Needed on Reverse Side

Shenandoah Valley Christian Academy
Emergency Medical Release
2008-2009 School Year

Both parents of the student must sign. If parents have joint custody of the child and live in separate homes, both parents are required to sign this form. This form will be on file in the school office for the current school year.

In case of accident, illness, or other emergency, to my child _____, whose birthday is _____, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian Signature

Mother/Guardian Signature

Father/Guardian Printed

Mother/Guardian Printed

Date _____

Date _____

Please notify the school office of any changes during the school year.