



**EMERGENCY CONTACT, PICKUP,  
MEDICAL INFO & AUTHORIZATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Emergency/Pickup Contact #1: Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

Address: \_\_\_\_\_

Emergency/Pickup Contact #2: Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

Address: \_\_\_\_\_

Emergency/Pickup Contact #3: Name: \_\_\_\_\_ Ph. # \_\_\_\_\_

Address: \_\_\_\_\_

**Please circle Pickup on any of the above mentioned names if the person listed is ONLY authorized to pick up your child.**

**ALLERGIES/Medical Conditions/Special Instructions (Allergies/Asthma/Diabetes, etc.):**

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**Medication/Treatment administration by PCA Staff requires Physician's written instructions and signature as well as Parents written & signed consent for PCA staff to administer any medications/treatment - for both prescription AND over the counter medications. All medications must be in their original containers with dosage amount specific to your child clearly marked on each container.**

*I, the undersigned, do hereby authorize Pueblo Christian Academy staff to directly contact the persons named on this Emergency Information & Medical Authorization form and do hereby authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of my child. In the event that the parents, physician or other persons named on this form cannot be contacted, the school staff is hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child.*

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**(I understand that the final decision will be at the discretion of EMS Personnel):**

Insurance Provider Name: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent/Guardian Signature

Date