

EMERGENCY CONTACT INFO

CornerStone Christian Academy
810 N. Chase, Post Falls, Idaho

Child's Name: _____

Birth date: _____

	MOTHER/GUARDIAN	FATHER/GUARDIAN
FULL NAME:		
HOME PHONE:		
WORK PHONE:		
CELL PHONE:		
People approved to pick up child:		
Child's medical problems or allergies:		
In case of emergency, notify:	Name:	Phone:

I give my permission for CCA to have my child or children treated medically in case of emergency.

Parent/Guardian Sign: _____

Date: _____