



Emergency Form/Family Sheet

2018-2019

INTERNATIONAL STUDENT

1855 Orange-Olive Road, Orange, CA 92865 * 714-998-4852

This information is used to issue the I-20 Certificate. Please ensure that the information is legible and accurate. This page must be resubmitted (with parent's signature) if guardian and/or address changes.

Start Date: _____ Last School Year Attending Covenant: _____ Grade Entering _____

Birth Name of Student _____
First Last

American First Name of Student-optional _____ Birth date _____

US Address _____ Phone _____

City _____ Zip _____

Father

Name: _____

International Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Driver's License #: _____

Mother

Name: _____

International Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone : _____

Email: _____

Employer: _____

Driver's License #: _____

Temporary Guardian Father

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Driver's License #: _____

Temporary Guardian Mother

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Driver's License #: _____

Birth Name of Student: _____

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I authorize Covenant Christian School to release my child to the following persons only:

Name : _____ Relationship: _____ Phone: _____

Name : _____ Relationship: _____ Phone: _____

Name : _____ Relationship: _____ Phone: _____

Name : _____ Relationship: _____ Phone: _____

Name : _____ Relationship: _____ Phone: _____

Persons who are NOT authorized to pick up this child:

Name : _____ Relationship: _____ Phone: _____

Name : _____ Relationship: _____ Phone: _____

In the event that my child should have a sudden illness or accident and I cannot be reached, I hereby request that one of the following physicians, or the dentist, be called to render emergency treatment. It is understood that I will be responsible for any and all fees incurred by such treatment. It is also understood that if the doctors listed below are not immediately available, the school may select one, or call paramedics, and I will be responsible for the fees incurred.

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

Physical conditions that may affect this child at school : (Check all boxes that apply, and please explain.)

- Asthma
- Diabetes
- Seizures
- Heart Condition
- Bee Sting
- Allergies
- Food Allergies
- Other

Explain: _____

If your child asks, do we have permission to give Tylenol, Aspirin, Advil, etc., at the dosage recommended on the label: Yes No

Is your child allergic to any medications? Yes No If 'Yes' please list all medications to which your child is allergic: _____

Does your child use an inhaler? Yes No Does your child have an EpiPen? Yes No

NOTE: All medications must be kept in the School Office, and administered in the school office. All medications must be in a prescription container, properly labeled with student's name, dosage, time to administer, name of physician and pharmacy.

SIGNED _____ RELATIONSHIP _____ DATE _____