



**Milford Christian Academy,
273 Elm St., Milford, NH 03055
Telephone: 673-9324**



EMERGENCY INFORMATION - FIRST AID FORM



To be completed by parent or guardian for **SCHOOL YEAR** _____

STUDENT NAME _____ GRADE ____ PHONE: _____

HOME ADDRESS _____ / _____ / _____ / _____
Street Number City/Town State Zip

DATE OF BIRTH _____ PLACE of BIRTH _____
Month/Day/Year City State

PHYSICIAN'S NAME _____ PHONE _____

NAME MEDICAL CONDITION WE SHOULD BE AWARE OF (allergy, medication, etc.) _____
(NOTE This question must be answered. If none, write "NONE.")

INSURANCE CARRIER _____ EMPLOYER _____ PHONE: _____

POLICY # _____

EMPLOYER _____ PHONE: _____

**IN EMERGENCIES CALL PRIMARY CARE
PARENT OR GUARDIAN LISTED HERE:**

**ALTERNATE CONTACT (FATHER AT WORK,
NEIGHBOR, RELATIVE)**

NAME _____ NAME _____

RELATIONSHIP _____ RELATIONSHIP _____
Parent or Guardian Parent/relative/guardian

Home Telephone # _____ Home Telephone # _____

CELL PH: _____ PAGER: _____ CELL PH: _____ PAGER: _____



➔ **ANOTHER CONTACT IS NEEDED** IN THE EVENT THE ABOVE NAMED PEOPLE CANNOT BE REACHED.
LIST SOMEONE **LOCAL** WHO COULD RESPOND IN AN EMERGENCY (ADULT RELATIVE, FRIEND, NEIGHBOR).

NAME _____ PHONE: _____ CELL PH: _____ PAGER _____

RELATIONSHIP _____ ADDRESS _____



I hereby grant permission to school authorities to administer first aid, secure proper treatment and/or hospitalize my child in the event of emergency, provided they are unable to communicate with me, and according to their best judgement, further delay might jeopardize the life of my child.

Primary Care Person's Signature

DATE