

**EASTWOOD CHRISTIAN SCHOOL  
EMERGENCY MEDICAL CARD  
ONE PER FAMILY**

Student's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parents' Names: \_\_\_\_\_

**In an Emergency, call this number first:** Name: \_\_\_\_\_ # \_\_\_\_\_

**Emergency Contact** other than parents:

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I/We authorize Eastwood Christian School to seek treatment in the event of an emergency if we cannot be reached.

Signature of Father: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

List all important medical information (including allergies) below:

---

**DIRECTORY INFORMATION**

Name, Address and Home Phone will be published  
List additional information you would like made available

Father's Cell#: \_\_\_\_\_

Mother's Cell#: \_\_\_\_\_

Family e-mail: \_\_\_\_\_

Father's e-mail \_\_\_\_\_

Mother's e-mail \_\_\_\_\_

---

**FOR OFFICE USE:**

Student's cell # \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Student Name/T-shirt size \_\_\_\_\_

Student Name/T-shirt size \_\_\_\_\_

Student Name/T-shirt size \_\_\_\_\_

Student Name/T-shirt size \_\_\_\_\_