

# I-20 STUDENT CONTACT/EMERGENCY INFORMATION

	School Year	Grade/Room #	Teacher
<b>STUDENT INFORMATION:</b>			
Legal Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	
Name Used: <i>Last</i>	<i>First</i>		
Primary Phone:	Student's E-Mail Address:		
Male / Female	Birth Date / Birth Place / Country of Citizenship:		

**\*If change of address and/or phone # occurs in any of these categories, the school must be notified immediately.**

**LEGAL U.S. GUARDIAN:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Work Phone/Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SPONSOR (if other than Legal U.S. Guardian):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Work Phone/Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**HOST FAMILY:**  
 Mr/Mrs./ Miss (circle)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Work Phone/Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Spouse Information:  
 \_\_\_\_\_ Contact phone: \_\_\_\_\_  
*Last* *First*

**PARENT'S INFORMATION:**

Father's Name: \_\_\_\_\_  
*Last* *First* *City* \_\_\_\_\_ *Country* \_\_\_\_\_

Address: \_\_\_\_\_ *City* \_\_\_\_\_ *Country* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
*Last* *First* *City* \_\_\_\_\_ *Country* \_\_\_\_\_

Address: \_\_\_\_\_ *City* \_\_\_\_\_ *Country* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Other siblings attending CCS: Name(s)/Grade(s):** \_\_\_\_\_

**PICK-UP/RELEASE CONTACTS**

*Adults (18+ years of age) with permission to pick up student after school, or in the case of illness or emergency.*

Name	Daytime Preferred Contact #	Alternate Contact #	Relationship

## HEALTH INFORMATION

**DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please Check One)  YES  NO** If yes, please check all that apply.

ADD/ADHD    Asthma    Bee Sting    Diabetes    Hearing Loss    Heart Condition    Migraines    Severe Allergy/Anaphylaxis    Other \_\_\_\_\_ Describe \_\_\_\_\_

Does your child need medication at SCHOOL?  Yes  No (If yes, see below\*) List medication(s) at school: \_\_\_\_\_

Medication at HOME?  Yes  No List medication(s) at home: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Eyes:  Glasses    Contacts

### MEDICAL INSURANCE INFORMATION

Insurer	Group #	I.D.#
Physician	Address	Phone
Dentist	Address	Phone
Hospital(s) Preferred		

- The parent/guardian is responsible for keeping the school informed of updates or changes to the student's emergency and health information. The school shall be notified, in writing, of telephone or address changes within three (3) days of the occurrence\*. If the school is unable to reach anyone on this card in an emergency, or if a student is left unattended during non-school hours, the school may contact law enforcement or Child Protective Services.
- I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Capital Christian Center and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo/Video Release - Parent Permission

I, \_\_\_\_\_, hereby grant permission for Capital Christian School (CCS) to photograph/videotape my son/daughter for possible use on the CCS website, promotional DVD projects, or in written publications. In addition, I grant CCS, its employees, agents, successors, licensees, and assignees, the irrevocable right and license to use the likeness of my son or daughter on photographs; to crop such photographs at their discretion; to incorporate such photographs in the above projects at their discretion; and to use such photographs or any portion thereof in any manner, including posting on the CCS website as a part of, or connected with the above projects, including any promotional materials, DVD, or other electronic format.

I agree to hold CCS, its employees, agents, successors, licensees, and assignees harmless against any liability, loss or damage resulting from the use of my child's likeness, and I hereby release and discharge any claims whatsoever in connection with such use of my child's likeness in the above projects.

I am signing this release freely and voluntarily and I am not relying on any inducements, promises, or representations made by CCS or its subcontractors, employees, or agents.

### Approval/Consent of Parent or Guardian

Minor Child's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*California Education Code 49408 states that school districts may require that emergency information be kept current. California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school annually, signed by both parent and physician.**