

West Shore Christian Academy

INTERNATIONAL STUDENT EMERGENCY INFORMATION

Grade: _____ Date of Birth: _____

Name: (Last) _____ (First) _____

Insurance Company: _____ Policy Number: _____

Legal Guardian (State side) _____

Address: (Street) _____ (City) _____ (Zip) _____

Work Phone: _____ Cell Phone: _____

Host Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Host Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Persons to call in case neither host parent can be reached (if legal guardian and host parent are not available:

Name: _____ Phone: _____

Name(s) and Grade(s) of host family children in our school:

If known:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Preferred Hospital: _____

The school nurse has my permission to administer the following as needed according to package directions:

_____ acetaminophen _____ antacid _____ ibuprofen (6th - 12th grade only)

For prescription medication needed during school hours, please see medication policy located in the WSCA Parent Student Handbook.

If an injury occurs at school, a school authority will only administer first aid. If your student warrants immediate medical care (during school hours) regarding an injury or medical condition, the school will be responsible for authorizing transportation via ambulance to a hospital.

I have read and understood the above school policy and agree to these conditions.

Legal Guardian Signature: _____ Date: _____