

El Paso Adventist Junior Academy School Emergency Card

Name of Child _____ Date of Birth _____

Home Address _____
Street Address Apt. # City Zip Code

Mother's Name _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Father's Name _____ Occupation _____

Home # _____ Work # _____ Cell # _____

Names of 2 people that can be called in case of emergency if parents cannot be reached.

Name _____ Phone # _____

Name _____ Phone # _____

Doctor to be notified _____ Phone # _____

If emergency treatment is required and parents cannot be reached immediately, I give consent for the above named child to receive treatment necessary to prolong his/her life.

Parent Signature _____ Date _____

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