



# Christian Academy of Little Saints

1520 Witte Rd. Houston, TX 77080

## Emergency Contact Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Allergies to foods, medications, etc. \_\_\_\_\_

Mother \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**\*Emergency contact persons if parents cannot be reached:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**\*Following individuals can pick up my child from school: (Provide copies of Driver's License.)**

Name1 \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name2 \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name3 \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### PERMISSION AND AGREEMENT

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_ to participate in all activities at CALS. I understand and agree that in case of illnesses or accidents requiring immediate medical attention, and if I cannot be reached by CALS staff, the school can contact my child's doctor. If the aforementioned doctor cannot be contacted, I give permission for a doctor to administer treatment and agree that I will be responsible for all medical expenses for the medical treatment for my child. I understand and accept the CALS policies and release the school, its staff, volunteers, church members, and anyone helping the CALS programs from liability for injury or illnesses resulting under all circumstances save gross negligence.

Insurance Co. \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Group ID \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's Name (Print)      X      Parent's or Guardian Signature      Date