



**Emergency Form/Family Sheet  
2015-2016  
INTERNATIONAL STUDENT**

1855 Orange-Olive Road, Orange, CA 92865 \* 714-998-4852

This information is used to issue the I-20. Please ensure that the information is correct. This page must be resubmitted (with parent's signature) if guardian and/or address changes.

Start Date: \_\_\_\_\_ Last School Year Attending Covenant: \_\_\_\_\_ Grade Entering \_\_\_\_\_

Birth Name of Student \_\_\_\_\_  
First Last

American First Name of Student-optional \_\_\_\_\_ Birth date \_\_\_\_\_

US Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Father**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Temporary Guardian Father**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Temporary Guardian Mother**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Page Two

Birth Name of Student: \_\_\_\_\_

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**I authorize Covenant Christian School to release my child to the following persons only:**

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons who are NOT authorized to pick up this child:**

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that my child should have a sudden illness or accident and I cannot be reached, I hereby request that one of the following physicians, or the dentist, be called to render emergency treatment. It is understood that I will be responsible for any and all fees incurred by such treatment. It is also understood that if the doctors listed below are not immediately available, the school may select one, or call paramedics, and I will be responsible for the fees incurred.

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Physical conditions that may affect this child at school : (Check all boxes that apply, and please explain.)**

- Asthma  Diabetes  Seizures  Heart Condition  Bee Sting  Allergies  Food Allergies  Other

Explain: \_\_\_\_\_

If your child asks, do we have permission to give Tylenol, Aspirin, Advil, etc., at the dosage recommended on the label:  Yes  No

Is your child allergic to any medications?  Yes  No If 'Yes' please list all medications to which your child is allergic: \_\_\_\_\_

Does your child use an inhaler?  Yes  No Does your child have an EpiPen?  Yes  No

**NOTE: All medications must be kept in the School Office, and administered in the school office. All medications must be in a prescription container, properly labeled with student's name, dosage, time to administer, name of physician and pharmacy.**

SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_