



## Harvest Community Homeschoolers Emergency Contact Form

Family Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Legal Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child's Name	Grade/ Sibling Care	Date of Birth	Allergies (besides seasonal)
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	
6.		/ /	
7.		/ /	
8.		/ /	
9.		/ /	

List any allergies for Mom besides seasonal: \_\_\_\_\_

Father's Daytime Phone Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship (Not Parent): \_\_\_\_\_

Should my child/children require emergency medical treatment as a result of accident or illness, I consent to such treatment. In the event of such an emergency, the doctor on call has my full permission to treat or render emergency care. I acknowledge that Harvest Community Homeschoolers does not provide health or accident insurance, and I agree to be financially responsible for any medical bills incurred as a result of such emergency medical treatment. I will notify the leadership team of any medical conditions of which medical personnel should be informed in the event treatment is needed.

Signature of Parent of Legal Guardian: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_