

# CCS International Student Emergency Information

**Student:**

<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>American Name</b> (if applicable)
Gender: _____	Grade: _____	Date of Birth: _____	
Primary Language Spoken : _____		Country of Origin: _____	

**Parent Information:**

Father's Name	Father's email:
Mother's Name	Mother's Email:
Foreign Address:	

**Agency Information: ( If applicable)**

Agent Name:	
Address:	
Phone #:	Fax #:
Email:	

**Guardian Information:**

Guardian's Name:	Relationship to Student:
Home Phone #:	Cell Phone #:
Address	
Email:	

Should a serious illness or an accident occur and school personnel are unable to contact the guardian, permission is hereby granted for medical care to be given as required. The undersigned guardian will pay any fee involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What health problems/allergies does this student have? \_\_\_\_\_

I authorize the school secretary/staff to give Tylenol when necessary. Circle : YES NO

**Student Residence Information**

Name:	Relationship to Student:
Home Phone	Cell Phone:
Address	
Email:	

**Other Authorized Contacts for Pick up**

Name	
Home Phone	Cell Phone

Name	
Home Phone	Cell Phone

Name	
Home Phone	Cell Phone