

EMERGENCY INFORMATION
Hickory Valley Christian School
6605 Shallowford Road, Chattanooga, TN 37421

Child's Name: _____ Date: _____

Preferred Physician: _____ Preferred Hospital: _____
Insurance Company: _____ Insurance Group #: _____

Mother's Name: _____ Email Address (Please Print): _____
Street Address: _____ City, State, and Zip _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Work Email Address (Please Print): _____

Father's Name: _____ Email Address (Please Print): _____
Street Address: _____ City, State, and Zip _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Work Email Address (Please Print): _____

If divorced, name of Primary Residential Parent : _____

* Please provide copy of divorce decree and Primary Parenting Plan to the school office.

Please indicate the best way to reach you during school hours:

Contact persons if parents cannot be reached:

Please include name, relationship, and phone numbers

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Allergies/Special Conditions:

The following people have permission to pick up my child after school or in an emergency:

In case of emergency, I hereby give my permission for my child to receive medical treatment.

Parent Signature: _____ Date: _____