



# Ankeny Christian Academy

1604 West First Street  
Ankeny, Iowa 50023-2525

Telephone (515) 963-9933  
Fax (515) 965-8210

## Little Eagle's Nest Emergency Information

**Child's Name** \_\_\_\_\_ **Boy** **Girl** **Grade:** \_\_\_\_\_

I give permission and consent to Ankeny Christian Academy Little Eagle's Nest Program to:

Secure and authorize emergency medical care for the above child while under the supervision of the Little Eagle's Nest staff. I understand that every attempt will be made to contact me.

Transport the above child in an emergency situation, including but not limited to disaster evacuation and medical / dental emergencies, as judged necessary by ACA Staff.

My child may participate in walks outside of ACA. Additional information will be given to the parents beforehand.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Before School (\$20/week)      \_\_\_\_\_ After School (\$30/week)      \_\_\_\_\_ Drop-in (\$5/hour)

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** \_\_\_\_\_ **Special Instructions** \_\_\_\_\_

### Authorized adults allowed to pick up child and assume responsibility in an emergency:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_