



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** _____