



Mountain View Academy

Christ-Centered College Preparatory Grades 9-12

360 S. Shoreline Blvd.
Mountain View, CA 94041
650-967-2324 (Ph) - 650-336-0053 (Fax)
www.mountainviewacademy.org

Emergency Information and Authorized Release Form Grades 9-12 2020-2021 (One Form per Child)

Student Last Name		First Name		Middle Name		____ Male		Grade	
						____ Female			
Student Address		City		State		Zip		Student Cell Phone Number	
Other Address								Birth date	
Father's Last Name		First Name		Address		City		State	
								Zip	
Home Telephone		Place of Employment/Occupation		Work Telephone		Father's Cell			
Mother's Last Name		First Name		Address		City		State	
								Zip	
Home Telephone		Place of Employment/Occupation		Work Telephone		Mother's Cell			
Name of other child attending Mountain View Academy:		Grade		Name of other child attending Mountain View Academy:		Grade			
Name of other child attending Mountain View Academy:		Grade		Name of other child attending Mountain View Academy:		Grade			

EMERGENCY INFORMATION

Name of Physician	Physician's Office, Clinic, or Hospital	Physician's Telephone
Insurance Carrier	Policy Number or Insured Social Security	Insurance Telephone
Contact person when parent is not available	Relationship	Telephone
Please indicate any allergies	Please indicate any medications	Please indicate any medical problems

In the event of sudden illness or accident requiring attention, I hereby authorize *Mountain View Academy* to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below.

AUTHORIZED STUDENT RELEASE

In the event of illness, or major disaster that causes structural damage to *Mountain View Academy* (such as earthquake, fire, or explosion), students will be released to authorized individuals ONLY. There will be no EXCEPTIONS. Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

1. _____ Telephone _____ Cell _____
2. _____ Telephone _____ Cell _____
3. _____ Telephone _____ Cell _____
4. _____ Telephone _____ Cell _____

Parent/Legal Guardian (printed)

Parent/Legal Guardian Signature

Date