

Christian Life Academy EMERGENCY& MEDICAL CONTACT FORM &

Authorization for use of photographs Please fill out one form for each student in the family. Please print clearly.

Family/Household Name	Iousehold Name Toda		y's date	
Student's Name				
Date of Birth			□ Male □ Female	
Address, City, Zip		·		
Phone Number				
Father's Name				
Cell Phone Number		Work Phone		
Work Address:				
E-mail Address				
Mother's Name				
Cell Phone Number		Work Phone		
Work Address:				
E-mail Address				
Additional Emergency Contact Person				
Phone numbers: Home	Cell	Work		
Doctor		Phone Number	·	
Dentist		Phone Number		
Past Medical Problems: (Confidential: H	ealth Office only)			
Surgery				
Injuries (ie. fractures, dislocations, concussi	ion)			
Chronic Conditions (ie. asthma, eczema, dia	abetes, migraines)			
Allergies (ie. insects, food, medication, envi	ironmental)			
All Current Medications				
Permission for Medical Treatment and P. I hereby give Christian Life Academy the at nearest hospital available for the above nam administration will first attempt, if possible, situation. I hereby give Christian Life Acade newspaper, brochures, school website, etc.	uthority to seek out and obtain e ned child, including transportation, to contact parents or the design	n as needed. It is understoo ated emergency contact pers	od that the school son in a medical emergency	
Parent/Guardian Signature		Date		
Medical Insurance Company				
Name of Company		Group #		
Certificate #		Phone #		