

Concord Christian Academy

EMERGENCY INFORMATION FORM – 11/12

Please fill out one form for each student in the family. **Please print clearly**

Family/Household Name _____ Today's date _____

Student's Name _____

Date of Birth _____ Current Grade _____ Male Female

Address, City, Zip _____

Phone Number _____

Father's Name _____ Home Phone _____

Cell Phone Number _____ Work Phone _____

E-mail Address _____

Mother's Name _____ Home Phone _____

Cell Phone Number _____ Work Phone _____

E-mail Address _____

Emergency Contact Person _____

Phone Numbers: Home _____ Cell _____ Work _____

Doctor _____ Phone number: _____

Dentist _____ Phone number: _____

Past Medical Problems: (Confidential: Health Office only)

Surgery _____

Injuries (ie. fractures, dislocations, concussion) _____

Chronic Conditions (ie. asthma, eczema, diabetes, migraines) _____

Allergies (ie. insects, food, medication, environmental) _____

All Current Medications _____

Permissions: I hereby give Concord Christian Academy the authority to seek out and obtain emergency medical attention at Concord Hospital or the nearest hospital available for the above named child, as needed. It is understood that the school administration will first attempt, if possible, to contact parents or the designated emergency contact person in a medical emergency situation.

Parent/Guardian Signature _____ Date _____

Name of Medical Insurance Company _____ Group # _____

Certificate # _____ Phone # _____