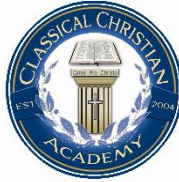


Classical Christian Academy
7101 Bayshore Road
N. Ft. Myers, FL 33917
(239) 543-1532
School Year _____



First letter of Last Name

MEDICAL EMERGENCY FORM

Please Print Clearly

Parent Name's: _____ Home Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

Mother's Cell/ Work Numbers: _____

Father's Cell/Work Numbers: _____

Primary E-Mail Address: _____

Please complete a box for each of your students:

Student's First Name: _____ Middle Name: _____ Last Name: _____
Grade: _____ Date of Birth: _____ Has student been immunized according to Florida State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any known allergies: _____
Any physical limitations that may affect their ability to participate in planned activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any other health concerns: _____

Student's First Name: _____ Middle Name: _____ Last Name: _____
Grade: _____ Date of Birth: _____ Has student been immunized according to Florida State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any known allergies: _____
Any physical limitations that may affect their ability to participate in planned activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any other health concerns: _____

Student's First Name: _____ Middle Name: _____ Last Name: _____
Grade: _____ Date of Birth: _____ Has student been immunized according to Florida State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any known allergies: _____
Any physical limitations that may affect their ability to participate in planned activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any other health concerns: _____

Student's First Name: _____ Middle Name: _____ Last Name: _____
Grade: _____ Date of Birth: _____ Has student been immunized according to Florida State Law? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any known allergies: _____
Any physical limitations that may affect their ability to participate in planned activities? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any other health concerns: _____

List two people to contact if parents cannot be reached:

Name: _____

Home Phone: _____

Other Phone: _____

Relationship: _____

Name: _____

Home Phone: _____

Other Phone: _____

Relationship: _____

Medical Insurance Company: _____ Policy #: _____

Hospital Preference: _____

Children's Primary Doctor: _____ Phone: _____

Other Doctor(s) Name and Phone Number: _____

Children's Dentist: _____ Phone: _____

PARENT/ GUARDIAN INFORMATION

Release waiver of liability- I, the undersigned parent/legal guardian, gives permission for the above named students to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue Classical Christian Academy and Faith Assembly, its directors, officers, agents and employees. I give permission for my children or myself to receive emergency medical attention from a physician in the event of an illness or injury. I absolve to hold harmless Classical Christian Academy and Faith Assembly, for whatever reason, except gross negligence of the school or its staff, employees or designated representatives.

Notary Section – This form must be signed in front of a notary and is valid for the current school year. I understand that it is my responsibility to notify the school of any changes to this agreement.

Parent/Guardian Signature

Date

The foregoing instrument was acknowledged before me by (parent/guardian) _____ who is personally known to me or has produced (type if ID) _____ as identification and who executed the foregoing instrument as he/she acknowledged before that he/she executed the same.

Notary Public, State of Florida

Date

Notary Stamp