

COMMUNITY CHRISTIAN ACADEMY



KINGS

EMERGENCY MEDICAL RELEASE

This form must contain only one child's name and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____

Street Address (number, apartment #, street)

City

State

Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____

Street Address (number, apartment #, street)

City

State

Zip Code

Telephone (____) _____

Hospital Preference: _____

Name

City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____

Street Address (number, apartment #, street)

City

State

Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached.
(Child's Full Name)

I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)