

**MEDICAL FORM      School Year: 20\_\_-20\_\_**

Because Covenant Christian Academy is a school for home teaching, parents are present at most activities that their children attend. Occasionally, however, a parent cannot attend an activity and may allow their children to attend under the supervision of another parent or staff member. Since it is impossible to avoid accidents or predict when they might occur, the following information is requested so that the school may seek emergency medical treatment if a student is injured and his parent is not present. We will make every effort to contact the parents before obtaining medical help if time permits.

Name of Family \_\_\_\_\_ Phone Number (home) \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (work) \_\_\_\_\_

\_\_\_\_\_ Pager or Cell Phone: \_\_\_\_\_

Name of close friend or relative \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Student Name      Date of Birth      Allergies      Medications      Special Health Problems**

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I hereby give permission to the staff of Covenant Christian Academy to obtain emergency health care for my children in my absence during the 20\_\_-20\_\_ school year, which ends May 31, 20\_\_.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_