



COMMUNITY

CHRISTIAN ACADEMY

Where Faith and Scholarship Meet

Health and Safety Information Form

Student's Name _____
First Middle Last

Male _____ Female _____ Home Phone _____

Father's Name _____ Mother's Name _____

Address _____

Mother's Cell _____ Mother's Work Phone _____

Father's Cell _____ Father's Work Phone _____

Mother's Email _____ Father's Email _____

Emergency contacts in case the parents cannot be reached:

1. _____
Name Relation to Student Home Phone Cell Phone

2. _____
Name Relation to Student Home Phone Cell Phone

Physician's Name _____ Physician's Phone _____

Health Insurance Carrier Subscriber ID # Group #

List people who are allowed to pick up your child from school: _____

List anyone who is not allowed to pick up your child from school: _____

Student ethnicity* _____

Please answer the following health questions for your child. Provide additional information for any questions marked "Yes."

Does your child have any difficulty seeing?	Yes _____	No _____
Does your child have any difficulty hearing?	Yes _____	No _____
Does your child have allergies? (List allergies below.)	Yes _____	No _____
If your child has allergies, are they potentially life-threatening?	Yes _____	No _____
If your child has allergies, does he/she have an epi-pen?	Yes _____	No _____
Does your child have asthma?	Yes _____	No _____
Does your child have an on-going health condition?	Yes _____	No _____
Does your child have any conditions that may limit him/her in the classroom?	Yes _____	No _____

Please explain in detail any questions above to which you answered, "Yes."

**CCA may not provide any medication to students nor may staff administer any medication to students without the properly-packaged and labeled medications and required forms and permissions on-file. Parents should see the school administrator for the proper forms.

In the event of a medical emergency involving my child, I give Community Christian Academy permission to take necessary measures to have my child treated or to call 911. I understand that every reasonable effort will be made to contact me and/or my child's physician, and I will be responsible for any costs incurred by treatment. I give Community Christian Academy permission to share my child's pertinent medical information with faculty, staff, or medical personnel who have a need to know the information to provide necessary services.

Parent's/Guardian's Signature

Date

*As a 501(c)3 organization, we are required to collect information regarding ethnicity to ensure compliance with federal non-discrimination laws.