



Emergency Contact Information Permission to Treat Form

This form is to be filled out by the parent(s) and or guardian(s) of your child, currently enrolled in Calvary Apostolic Academy. This information is confidential, protected, and will be kept on file only for cases of emergency. If your child experiences an emergency while at school or while in the school's care, this information will be used to contact the appropriate people and seek medical attention on your behalf if you are unable to be reached. Please fill out the following form completely and legibly.

Today's date: _____

STUDENT OR STATE MEMBER'S FULL NAME		GENDER	DATE OF BIRTH	GRADE
PRIMARY CONTACT'S FULL NAME		RELATIONSHIP	PHONE NUMBER	ALTERNATE PHONE NUMBER
SECONDARY CONTACT'S FULL NAME		RELATIONSHIP	PHONE NUMBER	ALTERNATE PHONE NUMBER

PRIMARY DOCTOR AND INSURANCE INFORMATION		
PRIMARY CARE PHYSICIAN'S NAME	MEDICAL OFFICE NAME	DOCTOR'S OFFICE PHONE NUMBER
PRIMARY MEDICAL INSURANCE CARRIER NAME	PRIMARY INSURANCE POLICY NUMBER	PRIMARY INSURANCE PHONE NUMBER
SECONDARY MEDICAL INSURANCE CARRIER NAME	SECONDARY INSURANCE POLICY NUMBER	SECONDARY INSURANCE PHONE NUMBER

MEDICAL HISTORY INFORMATION
PLEASE LIST ANY DIAGNOSED MEDICAL CONDITIONS
Known food or drug allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list here)

PRESCRIBED MEDICATION INFORMATION					
MEDICINE NAME	DOSAGE	FREQUENCY	MEDICINE NAME	DOSAGE	FREQUENCY

EXTENDED EMERGENCY CONTACTS		
EMERGENCY CONTACT 1	RELATIONSHIP	EMERGENCY CONTACT 1 – PHONE NUMBER
EMERGENCY CONTACT 2	RELATIONSHIP	EMERGENCY CONTACT 2 – PHONE NUMBER
EMERGENCY CONTACT 3	RELATIONSHIP	EMERGENCY CONTACT 3 – PHONE NUMBER

PERMISSION TO TREAT AGREEMENT

By signing this form below, I _____ affirm that I am able to give authority to, and do hereby give permission to, Calvary Apostolic Academy principal Donald E. Haymon II, or his designee, to act on behalf of the parent(s) and or guardian(s) listed on this form, to physically transport (which may include calling for an ambulance) and/or make treatment decisions for my child in case of medical emergency where the listed parent(s) and/or guardian(s) cannot be reached or located.

Signature of Father / Guardian

Date

Signature of Mother / Guardian

Date