

Classical Christian Academy  
8250 Littleton Road  
N. Ft. Myers, FL 33903  
(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? ☐ Yes ☐ No

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ Yes ☐ 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? ☐ Yes ☐ No

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ Yes ☐ 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? ☐ Yes ☐ No

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ Yes ☐ 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? ☐ Yes ☐ No

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ Yes ☐ 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 Northside Baptist Church, 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 Northside Baptist Church, 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