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STUDENT EMERGENCY AND MEDICAL FORM

Part A

Student's Name: _____ Grade: _____ Teacher: _____
Address: _____ DOB: _____ SSN: _____
_____ Home & Cell Phone: _____
Email: _____

For the health and safety of your son/daughter, both sides of this form must be completed and returned to the school by the first day of attendance.

To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

Name	Employer & Occupation	Work Address	Phone	Cell
Guardian / Mother: _____				
Guardian / Father: _____				

LIST TWO RESPONSIBLE PARTIES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name: _____	Name: _____
Phone: _____	Phone: _____
Cell: _____	Cell: _____
Relationship to child: _____	Relationship to child: _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

Explanation: _____

Family Doctor: _____	Family Dentist: _____
Phone: _____	Phone: _____
Health Insurance Provider: _____	Policy Number: _____
Name of insured: _____	

I, the undersigned, do hereby authorize officials of Williamsburg Christian Academy to contact directly the persons named on this document and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians, other persons named on this document or parents cannot be contacted, the school officials are hereby authorized to take what ever action is deemed necessary in their judgment, for the health for the said child.

I will not hold Williamsburg Christian Academy financially responsible for the emergency care and/or transportation for said child.

By signature below, I hereby give my full consent for the above mentioned child to participate in all school sponsored events, field trips, and athletic teams for the academic year.

Signature of Parent or Guardian _____ Date _____

ANY PHOTOCOPY OF THE FORM SHALL CARRY THE SAME AUTHORITY AS THE ORIGINAL

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PART B

Consent and Release:

- a. YES ___ NO ___ your child may be screened for hearing, speech, vision, dental, weight, height, scoliosis (curvature of the spine) and head lice issues during the school year. Please circle yes if you give your permission.
- b. I consent to release medical background information to "need to know" school personnel and coaching staff.
- c. I agree to indemnify and hold harmless and hereby release Williamsburg Christian Academy from any liability for injury or damage due to the rendering of emergency medical treatment for my child.
- d. I agree to indemnify and hold harmless and hereby release Williamsburg Christian Academy from any and all liability for any injury or illness as a result of my child's attendance/participation in field trips, athletic games and/or activities on or off campus.

Signature of Parent or Guardian _____ Date _____

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