

Liberty Christian Academy

School Grades 1-12

Emergency Medical Form

School Year: 2008 - 2009

Student Name:		Date of Birth:	
Address:		City/State/Zip:	
Father/Guardian Information:		Mother/Guardian Information:	
Place of Employment:		Place of Employment:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
<i>Please list two people to care for your child when you cannot be contacted:</i>			
Name:	Relationship to child:	Phone:	
Name:	Relationship to child:	Phone:	
<i>PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM FACILITY:</i>			
Name:	Relationship to child:	Phone:	
Name:	Relationship to child:	Phone:	
<i>Medical:</i>			
Family Physician:		Physician Phone:	
<i>Please list medical problems, allergies, and medications:</i>			
<i>For first time students, please attach a copy of the birth certificate and immunization records.</i>			
I hereby authorize the release of all medical information. If unable to contact me, the school may act on my behalf to provide care for serious illness or injury of my child.			
Signature of Father/Guardian			Date:
Signature of Mother/Guardian			Date:

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