

**CRENSHAW CHRISTIAN ACADEMY STUDENT EMERGENCY INFORMATION SHEET**

Child's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

DOB \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parents \_\_\_\_\_

Employer (Mom) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer (Dad) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child may be released to (Name, phone number, relationship to child)

\_\_\_\_\_  
\_\_\_\_\_

Medical information (Allergies, Physical Handicaps, Medication taken, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Name of child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I give permission for Crenshaw Christian Academy to obtain medical treatment, including emergency transportation, for my child, if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date