



## Medical Information

Student's Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Gender: M/F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency, contact person other than parents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Permission to Transport

I give permission for my child, \_\_\_\_\_, to be transported by any Cornerstone Christian Academy employee, staff member, or administrator, or otherwise designated individual for the purpose of school functions and activities. I furthermore release Cornerstone Christian Academy from any liability that may be associated with such activity.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date