



Emergency and Health Form

Please complete the form below by printing or typing the information requested.

Child' Name _____ Date of Birth _____

Home Adress _____

Home Phone: _____ E-mail _____

Parent/Guardian Name _____ Cell/Work Phone _____

Parent/Gaurdian Name _____ Cell/Work Phone _____

Alternate Contact Name _____ Cell/Work Phone _____

Alternate Contact Home Phone _____ Relationship to child _____

Does your child have any severe allergies? Yes _____ No _____

If yes, to what? _____

If yes, does your child carry an epi-pen? _____

Does your child have any disabilities, special needs or health issues of which the director should be aware? Yes _____ No _____

If yes, please explain _____

If there are any medical concerns or medications that emergency personnel would need to know about, please list them on the reverse or attach a sealed envelope with details.

In the event of a medical emergency do you consent to allow Choralis Faculty to contact emergency services for treatment and/or consultation?

Yes _____ No _____

Medical Insurance Carrier: _____ Policy Holder _____

Policy Number _____

I certify that the information above is truthful and current.

Parent Name (Print) _____

Parent Signature _____ Date _____

Before me, the undersigned authority, on this day personally appeared {name}, known to me to be the person whose name is subscribed to the foregoing instrument, and upon his{her} oath acknowledged to me that he{she} executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC IN AND FOR {city, county} {state}