

Classical Christian Academy  
7101 Bayshore Road  
North Ft. Myers, FL 33917  
(239) 543-1532  
School Year \_\_\_\_\_



First letter of Last Name

## **MEDICAL EMERGENCY FORM**

*Please print clearly*

Parents' name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother – Cell/Work: \_\_\_\_\_ Father - Cell / Work: \_\_\_\_\_

*Please complete a box for each of your students.*

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Has student been immunized according to Florida State Law? ☐ yes ☐ no

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ yes ☐ no

List any other health concerns: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Has student been immunized according to Florida State Law? ☐ yes ☐ no

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ yes ☐ no

List any other health concerns: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Has student been immunized according to Florida State Law? ☐ yes ☐ no

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ yes ☐ no

List any other health concerns: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Has student been immunized according to Florida State Law? ☐ yes ☐ no

List any known allergies: \_\_\_\_\_

Any physical limitations that may affect their ability to participate in planned activities? ☐ yes ☐ no

List any other health concerns: \_\_\_\_\_

List two people to contact if parents cannot be reached:

Name \_\_\_\_\_  
Home phone \_\_\_\_\_  
Other phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Home phone \_\_\_\_\_  
Other phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Children's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Children's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION

Release waiver of liability- I, the undersigned parent/legal guardian, gives permission for the above named students to participate in any school-related activities. I hereby release, waive, discharge and covenant not to sue Classical Christian Academy and Faith Assembly, its directors, officers, agents and employees. I give permission for my children or myself to receive emergency medical attention from a physician in the event of an illness or injury. I absolve to hold harmless Classical Christian Academy and Faith Assembly, for whatever reason, except gross negligence of the school or its staff, employees or designated representatives.

Notary Section – This form must be signed in front of a notary and is valid for the current school year. I understand that it is my responsibility to notify the school of any changes to this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me by (parent/guardian) \_\_\_\_\_  
who is personally known to me or has produced (type if ID) \_\_\_\_\_  
as identification and who executed the foregoing instrument as he/she acknowledged before that he/she  
executed the same.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp