

**Crescent Academy International
EMERGENCY INFORMATION FORM**

(Please furnish the following information.)

Name: _____

Grade: _____ Sex: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____

Father's Name:	Business phone:
	Cellular phone:
	Pager:
	Email Address:
Mother's Name:	Business phone:
	Cellular phone:
	Pager:
	Email Address:

Does student have other siblings at Crescent Academy? Yes/No (circle one)

If yes, write their name and grade here _____

HEALTH INFORMATION

	Yes	No	Treatment or Comment
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

EMERGENCY INFORMATION

Physician Name: _____ Office Phone: _____

Physician Address: _____

Name of Persons and telephone numbers to whom the child can be released:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of sickness or injury, school officials should attempt to notify parents immediately. If my child, whose name is indicated above, becomes seriously ill or injured at school and I cannot be reached, please take him/her to our family physician indicated above or to any doctor who is available or to the nearest hospital. I agree to assume responsibility for any expense incurred by the handling of this emergency care.

Parent Signature: _____ Date _____