

Central Christian Academy

1200 Hodges Ferry Road • Portsmouth, VA 23701 • 757-488-4477

Health and Emergency Information

Student's Name _____
Address _____
City _____ Zip _____
Student's SSN _____

Grade _____
Birth Date _____
Home Phone# _____

Parent or Guardian Information:

Name	Business Address	Business Telephone	Cell /Beeper #
Mother _____	_____	_____	_____
Father _____	_____	_____	_____
Guardian _____	_____	_____	_____
Parent/Guardian Email Address _____			

Emergency Contacts (other than parents):

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____

Physician Information:

Name _____
Telephone _____
Health Insurance _____

Dentist Information:

Name _____
Telephone _____
Dental Insurance _____

The following information is needed for CCA to safeguard the well being of your child.

Health problems such as Asthma,Diabetes,etc. _____

Allergies _____ If yes, do these allergies require emergency measures? _____

Injuries _____

Appliances including contacts, glasses, braces _____

Medications _____

Restrictions/Limitations _____

My child may be given **Non-Prescription Medication*** (OTC) according to dosage recommendations during school year:
 August 30__ to June 2__ **YES** (Acetaminophen__ Ibuprofen__ Roloids__ Benadryl__ Cough Drops__) **NO** _____

***Prescription Medications** taken at school require a separate form available from your school office completed by you and signed by your physician.

I hereby authorize members of Central Christian Academy to take such measures as deemed appropriate when my child is ill and/or injured. Furthermore, in the event of serious illness and or injury the rescue squad may be utilized; and examination, anesthesia, x-ray, medical and/or surgical diagnosis, treatment, and hospital care may be rendered by, under the supervision and/or on the advice of appropriate medical personnel. In such event, I understand that members of the Central Christian Academy staff will make reasonable efforts to contact a parent, guardian, emergency contact, physician, and/or dentist as feasible under the circumstances.

Signature of Parent or Guardian _____ Date _____