



# Family & Emergency Information

Please Print Clearly

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' First Names: \_\_\_\_\_ and: \_\_\_\_\_

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

Cell Phone Mother: \_\_\_\_\_ Cell Phone Father: \_\_\_\_\_

Email: \_\_\_\_\_ Number of years homeschooling: \_\_\_\_\_

Name of Child	M/F	Birthdate	Age by 8/1	Grade at start of new school year	Allergies, Medical Conditions, Medications, etc. (attach additional information on separate page)

### **Emergency Information**

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE:** In the event of a severe emergency, it is recognized that I may not be able to be reached. Should this occur, I authorize Cocoa Beach Christian Co-op to refer my child as appropriate for any necessary medical treatment. It is my intent and understanding that this medical release be used only in a case of extreme emergency when attempts to reach me have failed.

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_