



Family & Emergency Information

Please Print Clearly

Last Name: _____

Parents' First Names: _____ and: _____

Address: _____ City/Zip: _____

Cell Phone Mother: _____ Cell Phone Father: _____

Email: _____ Number of years homeschooling: _____

Name of Child	M/F	Birthdate	Grade at start of new school year	Age by 8/1	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 Space Coast 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: _____