



EMERGENCY MEDICAL FORM 2021/2022 SCHOOL YEAR

CHILD'S NAME _____ GRADE _____

HOME PHONE (IF APPLICABLE) _____ BIRTHDAY _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

MOTHER'S NAME _____ CELL PHONE _____

EMAIL _____

ADDRESS _____

(IF DIFFERENT FROM ABOVE)

EMPLOYER _____ BUSINESS PHONE _____

FATHER'S NAME _____ CELL PHONE _____

EMAIL _____

ADDRESS _____

(IF DIFFERENT FROM ABOVE)

EMPLOYER _____ BUSINESS PHONE _____

In the event that Covenant Christian Academy cannot contact either parent in case of an emergency list two individuals to be contacted.

#1 _____ PHONE _____

Relationship to child _____

#2 _____ PHONE _____

Relationship to child _____

EMERGENCY MEDICAL CONSENT STATEMENT

Covenant Christian Academy has my consent to see that the Child indicated above receives any emergency medical care which may be necessary while he/she is under the care of the Academy. I understand in the event of an emergency, the child will be taken to the nearest medical facility. I will then assume the care necessary for the child's recovery as prescribed by the treating physician. Any medication needed to treat an emergency may be billed to me.

FAMILY PHYSICIAN _____ PHONE _____

FOOD ALLERGIES _____

HOSPITAL PREFERENCE _____

SIGNIFICANT MEDICAL HISTORY (seizures, drug allergies etc.) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please report any changes during the school year to the office immediately.



75 E. Union Blvd.
Bethlehem, PA 18018
610.868.7302
<http://www.cca-lehighvalley.org>