



Crossway Academy Medical Release Form

PERSONAL DATA

Student's Name: _____ Birth Date: _____

Student's Home Address: _____

Student's Social Security Number: _____ Home Phone: _____

School Name: _____ Counselor: _____

Address: _____ Phone: _____

INSURANCE COVERAGE

Insurance Coverage	Yes/No	Family	School	Employer
Liability and/or Bonding	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Health/Accident				
Name of Health/Accident				
Insurance Company: _____		Insured: _____		Policy # _____
(Note: Please identify who is providing coverage by placing an (X) in the appropriate place.)				

STUDENT MEDICAL INFORMATION

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? () Yes () No

If yes, what medications? _____

List any allergies or other medical problems of the student: _____

FAMILY INFORMATION

Parent/Guardian Name: _____ Work Phone: _____

Workplace Name/Address: _____

Parent/Guardian Name: _____ Work Phone: _____

Parent/Guardian Home Address: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

Student's Signature: _____ Date: _____