

**Christian Family Academy Home School Co-op
Student Information and Medical Release**

***Directions:* Please complete and return a form for EACH student you are enrolling.**

Student's Name _____ Birth Date: _____ Grade: _____

Address: _____

Father's Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Work Name and Address: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell#: _____

Work Name and Address: _____

Family email address: _____

Emergency Contact Person: (if you are off site) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name _____ Phone: _____

Dentist's Name _____ Phone: _____

Please list any health problems the student may have, including allergies: _____

Medications: _____

Insurance Co., address and number: _____

Medical Release

I give permission to the teachers of CFA Co-op to obtain medical treatment for my child, _____, as needed, in the event of an emergency. We the parents or guardians agree to pay all costs associated with any medical treatment and waive all claims against the teachers and co-members.

Parent/parents/guardian signature: _____

Date: _____