

Champion Preparatory Academy

2023-2024

Form 601

Emergency Contact and Medical Information Form (one per on-campus student) Notarized

SERIOUS ALLERGY/HEALTH ALERT					
Child First, Middle & Last Name		Gender		M	F
		Date of Birth		Grade	
Father or Guardian's First & Last Name			Mother or Guardian's First & Last Name		
()	()	()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone		
Cell Phone			Cell Phone		
Address			Address		
City			City		
ST	Zip code	ST	Zip code		
Alternative Emergency Contacts-other than parent or guardian listed above					
Secondary Emergency Contact Name			Secondary Emergency Contact Name		
()	()	()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone		
Cell Phone			Cell Phone		
Address			Address		
City			City		
ST	Zip code	ST	Zip code		
Authorized to Pick up			Authorized to Pick up		
Name	Relationship	Name	Relationship		
Phone		Phone			
Authorized to Pick up			Authorized to Pick up		
Name	Relationship	Name	Relationship		
Phone		Phone			
Medical Information					
Hospital/Clinic Preference					
Physician's Name			Phone Number		
Insurance Company			Policy Number		
Insurance Company Phone #:			Name on Policy		
Does the student have any allergies or special health conditions? List all below. Use back of this sheet, for additional space.					
____ (initial) I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.					
____ (initial) I release Champion Schools, Inc. staff and volunteers of liability in case of an accident that occurs during activities organized by Champion Schools, Inc.					
Parent's/Guardian's Signature				Date	

STATE OF _____
 COUNTY OF _____

In _____, on the ____ day of _____, 20____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

(Notary Seal)

 NOTARY PUBLIC SIGNATURE
 My Commission Expires: _____