

KEYSTONE CHRISTIAN ACADEMY

**15 Keystone Lane
Berryville, VA 22611
540-955-0205**

EMERGENCY AND INSURANCE INFORMATION

Please fill out and return one form for each student.

STUDENT NAME _____

PARENT NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

ADDRESS _____

EMERGENCY INFORMATION -

Do we have permission to give your child Tylenol? Yes No

Is your child allergic to any medication? If so, what? _____

If you cannot be reached, who should we contact in case of an emergency?

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

If we cannot reach you or the person listed above, may we have your permission for a staff member of Keystone Christian Academy to authorize emergency medical treatment, i.e., emergency room, hospital?

Yes No

INSURANCE INFORMATION -

Keystone Christian Academy does not provide student accident insurance for students. Medical requirements for injuries will be the responsibility of the parents. We suggest that all students be covered under a family health plan if not already covered. Students participating in any of the sports programs must show proof of medical insurance or have parents sign a waiver of responsibility before that student will be allowed to participate.

If you do not have coverage through your place of employment, we are able to give you a brochure regarding insurance from an independent carrier. Please fill out the information below so that we have on record if the student is covered.

I have insurance with - (carrier) _____

(policy number) _____

I wish to waive any insurance coverage for my child. I understand that I am responsible for any expenses incurred if my child is injured.

Date

Parent Signature

TO KEEP THE STUDENT'S FILE UP-TO-DATE, A COPY OF THIS FORM MUST BE TURNED IN TO THE SCHOOL OFFICE EACH YEAR.