

KEYSTONE CHRISTIAN ACADEMY

**15 Keystone Lane
Berryville, VA 22611
540-955-3410**

EMERGENCY AND INSURANCE INFORMATION

Please fill out and return one form for **each child** enrolled in Keystone Christian Academy.

STUDENT NAME _____

PARENT NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL _____

ADDRESS _____

EMERGENCY INFORMATION -

Do we have permission to give your child Tylenol/Ibuprofen? 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 provides student accident insurance. Medical requirements for injuries are still the responsibility of the parents. We suggest that all students be covered under a family health plan if not already covered. The student accident insurance is secondary insurance. That means it is supplemental to other policies.

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.