

Heritage Christian Academy
Emergency/Medical Release Form
School Year

Student Name			
Grade	Birthdate		
or my student because of ar administration or school emp	ny injury to my student at schoo ployee to take whatever steps th	school activities, premises, and absolve of or during any school activity. I also ey deem necessary in an emergency is r, or going to the emergency room of a	grant permission to the school f I cannot be reached. This may
Parent/Guardian Signature	Date	2	
P	LEASE FILL OUT ONE FOR	M, IN ITS ENTIRETY, FOR EACI	H CHILD.
		or any event or activity that takes p	
-		If yes, please see office for f Doctor's phone	
Father's Name		Email	
Cell	Land line	Work	
Home Address			
Mailing Address			
Mother's Name		Email	
Cell	Land Line	Work	
Home Address (if different) _			
Mailing Address (if different)			

Emergency and/or pick up authorization if parent(s) cannot be reached. These contacts will reflect the <u>current</u> school year. All previous contacts will be deleted. Keep in mind that you may add/delete contacts throughout the school year.

1	Relationship	Phone	Pick up?	Yes or No
2	Relationship	Phone	_ Pick up?	Yes or No
3	Relationship	Phone	_ Pick up?	Yes or No