

Coastal Grove Charter School Emergency Form

Child Name _____ Birth date _____ Teacher _____
Child address _____ City _____ Zip _____ Home Phone _____
Mother/Guardian Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ Zip _____ Cell Phone _____
Father/Guardian Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ Zip _____ Cell Phone _____

In case of illness or emergency and parent cannot be reached, please list name, relationship and daytime phone of three responsible individuals to be called:

Name _____ Relationship _____ Daytime Phone _____
Name _____ Relationship _____ Daytime Phone _____
Name _____ Relationship _____ Daytime Phone _____

Physician Name _____ Physician Phone _____
Medical Coverage _____ Policy Number _____

List persons (in addition to parents) who are allowed to pick up child: _____

List persons restricted by court order from picking up child: _____

List allergies and medication: _____

Mother/ Guardian Signature _____ Date _____

Father/ Guardian Signature _____ Date _____

Medical Release Form

In the event of an accident or other emergency, when a parent is unavailable, I/we hereby authorize a representative designated by Coastal Grove Charter School to make arrangements as are considered necessary for my/our child, _____, born on _____, to receive medical or hospital care, including necessary transportation. Under such circumstances I/we further authorize any licensed physician or surgeon to undertake such care and treatment of my/our child as he/she considers necessary.

The undersigned hereby agree to bear all costs incurred as a result of the foregoing.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

