



**Physician / Insurance Information**

Name of Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance:**    Kaiser        Blue Cross        Medi – Cal        Other \_\_\_\_\_

**Medical Insurance Card #** \_\_\_\_\_

**If, in your judgment, my child needs immediate medical attention, permission is hereby granted for him/her to be taken to the nearest hospital emergency room (by ambulance, if necessary) and be treated by the doctor on call.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**\*IMPORTANT READ\***

**Please list any medical conditions including regular medications, allergies (food allergies, etc.) that this student may have:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Siblings Attending Christian Center School**

Full Name

Grade

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_