

**Midland Classical Academy  
Emergency Information Card**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ 797 \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father' Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Person to Reach if Parents Cannot be Notified: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ 797 \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Corrective Lenses: Yes / No Glasses or Contacts

Medications Taken Regularly \_\_\_\_\_

Special Conditions that Should be Known by the Staff \_\_\_\_\_

**Insurance Information**

Name of Insurance Company \_\_\_\_\_

Address of My Insur. Company \_\_\_\_\_

Identification Number \_\_\_\_\_

If Group, Name of Employer \_\_\_\_\_

Group Number \_\_\_\_\_

I understand that *Midland Classical Academy*, nor any of its employees, is responsible for the billing, filing of claims, nor payments to any provider of medical services for any athletic injury or injury on a school sponsored trip. I agree to accept financial responsibility, if in the judgment of any representative of the school, the student named should need immediate care and treatment as a result of any injury or sickness. I do hereby request, authorize, and consent to such care and treatment, as may be given said indemnity and save harmless the school and any school representative from any claim by any person whosoever on account of such care and treatment of said student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date