

2016– 2017 Medical Form

Child #1: Name _____ DOB _____ Grade _____
 Shirt Size: (please circle) **Child** – Small Medium Large **Adult** – Small Medium Large
 Learning Differences _____
 Allergies _____ Medication(s) _____

Child #2: Name _____ DOB _____ Grade _____
 Shirt Size: (please circle) **Child** – Small Medium Large **Adult** – Small Medium Large
 Learning Differences _____
 Allergies _____ Medication(s) _____

Child #3: Name _____ DOB _____ Grade _____
 Shirt Size: (please circle) **Child** – Small Medium Large **Adult** – Small Medium Large
 Learning Differences _____
 Allergies _____ Medication(s) _____

Parent #1 _____ Parent #2 _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 Emergency Contact Other Than Parents _____
 Emergency Contact's Home Phone _____ Cell Phone _____

EMERGENCY INFORMATION AND AUTHORIZATION In case of accident or serious illness, if CKA is unable after reasonable effort to contact me, I hereby authorize CKA to take my child for medical treatment to the nearest emergency medical facility. I further authorize CKA personnel to apply such first aid as they deem necessary and appropriate. I agree to pay all expenses incurred in the emergency care of my child.

1. Medical Insurance Company _____
2. Policy Number _____

Parent/Guardian Signature _____ Date _____