

Chisago Christian School

9387 Wyoming Trail, Chisago City, MN 55013

(651) 257-4587

2024-2025

Emergency Information Record Consent to Participate and Medical Authorization

Last Name		First Name		Date of Birth	
Parent/Guardian Name				Home Phone	
Home Street Address		City/State/Zip			
Alternate Home Address				Phone	
Mother's Work Phone		Mother's Cell Phone	Father's Work Phone		Father's Cell Phone
In case of emergency and parent is not available contact:					

Name:		Address:		Phone:	

Relationship					

Name:		Address:		Phone:	

Relationship					
Student's Physician				Phone	
Student's Dentist				Phone	
Hospital where student should be taken if parent or physician is unavailable:					
Allergies and other medical conditions: (Please explain checked items below or, if necessary, use other side of form)					
___ Allergies ___ Asthma ___ Diabetes ___ Epilepsy ___ Heart Problems ___ Recurring Illness ___ Other					

Additional Comments:

Medical Authorization

In case of an accident or serious illness, I/we request the school to contact me/us. If the school is unable to do so, I/we hereby authorize the school to call the physician indicated and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature: _____ Signature: _____ Date: _____

Permission to Participate

I/We, the undersigned, am/are the parents(s) or legal guardian(s) of _____, a minor child enrolled at Chisago Christian School. I/We consent to my child's participation in all regular, school-day activities, specifically including recess, physical education, and classroom activities during the 2024-2025 academic year. My child has no known physical defects or conditions which should prevent his/her participation in such activities.

Signature: _____ Signature: _____ Date: _____