Chisago Christian School

9387 Wyoming Trail, Chisago City, MN 55013

(651) 257-4587

2021-2022

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 2021-2022 academic year. My child has no known physical defects or conditions which should prevent his/her participation in such activities.

Signature: _____ **Signature**: _____ **Date**: _____