



# North Atlanta Christian Flight

Medical Information and Release Form

Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ For \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LIST TWO OTHER CONTACTS IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any prescription medications: \_\_\_\_\_

List any medical problems: \_\_\_\_\_

**FAMILY INSURANCE INFORMATION:**

Company Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Pre-certification Phone #: \_\_\_\_\_

I give North Atlanta Christian Flight and their staff permission to obtain emergency medical assistance for my daughter in my absence.

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

\_\_\_\_\_  
Date