



HEALTH & EMERGENCY INFORMATION

(Please print all information)

Student Information:

Last Name: _____	First Name: _____
Grade _____	Student ID: _____
Home Telephone # _____	Cell# _____
Doctor's Name _____	Doctor's Phone _____
Insurance Carrier _____	
Insurance Number _____	Group Number _____
Name of Insured _____	

Student Medical History (Please list any serious allergies, conditions, or restrictions) :

➤ **Parent must remain on site to administer any medications**

Emergency Release:

In case of emergency at this or any school sponsored event, Georgia Cyber Academy (GCA) will attempt to reach a parent/legal guardian or one of the emergency contacts listed below. If these contacts are unable to be reached, GCA has my permission to secure medical attention. It is understood that GCA, and any sponsoring district, authority, or their respective officers, agents, and employees will not be responsible for the expense incurred. Further, I agree to release and hold harmless all such parties from all causes, liability, damages, claims, demands, or losses whatsoever related to medical condition of student to the extent allowed by law.

Emergency Contact Information (please print all information):

Emergency Contact Name: _____

Emergency Contact Relationship to Student: _____

Emergency Contact Phone Number: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

