



HEALTH & EMERGENCY INFORMATION

This form is to be filled out and signed by the student's parent or legal guardian if the student is under 16 years of age OR doesn't have a government-issued photo ID. Students may complete the form themselves if they are at least 16 years of age AND have a valid government-issued photo ID.

ALL students must submit this form in order to test.

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

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

➤ **Parent/guardian MAY remain on site to administer required 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 the 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: _____

Responsible Adult Name: _____

Responsible Adult Signature: _____

Date: _____