



Emergency Contact / Medical Release & Allergy Form

Child's Name _____ Date of Birth ____/____/____
Age: ____

Address: _____
Course Name & Course Number: _____

Mother's Name _____ Phone (day) _____
Email _____ Mobile _____

Father's Name _____ Phone (day) _____
Email _____ Mobile _____

Legal Guardian _____ Phone (day) _____
Mobile _____

Alternative Emergency Numbers:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Does your child have allergies or other medical conditions (such as asthma, etc.) that we need to be aware of?

Information we should know about your child to better serve him or her (e.g. special needs, challenges, etc.)

Parental Consent:

As parents or guardians, we understand the rules that will be conducted/enforced at the Metallica Scholars Institute Skilled Trades Academy and agree that our child will comply.

Parent/Guardian Printed Name **Date**

Parent/Guardian Signature **Date**

CCAC cannot guarantee a peanut free environment. CCAC staff will not administer medications to students. Students requiring inhaled medications for asthma and/or an EpiPen must carry and be able to administer their own medication. There are no medical staff on campus. 911 will be called for a medical emergency.

Note: In case of an emergency medical situation, 911 will be contacted first, then a parent/guardian or alternate emergency contact will be contacted.