Hamilton Heights Christian Academy

Emergency Card Information

Student's Name (Legal) Last First MI	Birthday	Gender	Grade	Permission to Treat? Yes or No

LIST NAME OF PRIMARY CONTACT IN CASE OF EMERGENCY	Home Phone	Insurance Information
Name Relationship		Provider Policy Number
Address	Cell	Health Problems
Employer's Name/Address	Business Phone	
LIST NAME OF SECONDARY CONTACT IN CASE OF EMERGENCY	Home Phone	Recent Immunizations (last year)
Address	Cell	
Employer's Name/Address	Business Phone	History of Seizures? (last year)

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date