

Child Information CardCedar Crest Academy
Clarkston, Michigan**School Year: 2010-2011**

Name of Child (Last, First, Middle Initial)		Name of Parents/Guardians	
Allergies, If Any		Address (Number and Street)	
Child's Date of Birth	Home Phone Number	City, State, Zip	
Parent/Guardian Location When Child Is In School		Office Number	Cell Number
Address (Number and Street)		City, State, Zip	
Parent/Guardian Location When Child Is In School		Office Number	Cell Number
Address (Number and Street)		City, State, Zip	

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Phone Number	Cell Number
Address (Number and Street)		City, State, Zip

NAME OF PERSONS OTHER THAN PARENT TO WHOM CHILD CAN BE RELEASED

1.	Phone Number
2.	Phone Number
3.	Phone Number
4.	Phone Number

I hereby give permission to CEDAR CREST ACADEMY to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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Name of Child's Physician or Health Clinic	Office Hours	Phone Number
Address (Number and Street)		City, State, Zip
Hospital Preferred for Emergency Treatment	Health Insurance Identification Information	

Cedar Crest Academy prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, physical or mental disability, ancestry, marital status, age, sexual orientation, or citizenship.