



**Hillcrest Christian School  
Medical Information Form**

STUDENT'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_

OTHER - CELL/PAGER, ETC. \_\_\_\_\_

FAMILY DOCTOR'S NAME AND ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

INSURANCE COMPANY NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

List any allergy conditions which at anytime have caused a medical crisis. Also, send us any medical information that you think is important. If a student is currently under a doctor's treatment, please send pertinent information. Please write any comments you may have below: (additional information may be included on back)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a parent or guardian of \_\_\_\_\_, we give permission to Hillcrest Christian School personnel (including, but not limited to, teacher, coach dean/dean, headmaster, etc.) to have our child treated by a physician in case illness or in the event that emergency medical treatment is necessary from May 31, 2019 to May 30, 2020. We understand that every effort will be made to contact our family physician or us in case an emergency arises.

Please include a copy, front and back, of your insurance card. In case an emergency arises, this information will facilitate speedy medical treatment.

**Must be signed in the presence of a Notary Public**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INVALID UNLESS NOTARIZED**

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signature) \_\_\_\_\_ (Title) \_\_\_\_\_