

**The Jacksonville A Capella Experience
Emergency Information**

Student Information:

Last: _____ First: _____ MI: _____ Male Female

Birth Date: ___ / ___ / ___ Home Phone: _____ Cell: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Family Information:

Father: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Mother _____ Home Phone: _____

Work Phone: _____ Cell: _____

Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Emergency Contact: (person to contact if parents cannot be reached)

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Work: _____

Cell: _____

Personal Health History:

List all allergies to foods, medications, animals, insects, or other common substances:

List **all medications** taken on a regular basis, including over-the-counter-medication:

| Medication Name | Dosage: | When Taken (daily, weekly) |
|-----------------|---------|----------------------------|
|-----------------|---------|----------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any other conditions of which we should be aware?

I have enrolled my child in The Jacksonville A Capella Experience at Christ's Church Academy, understanding that every precaution has been taken to ensure camper safety. In the case of an unlikely injury or illness, I grant permission for my child to be taken to a doctor or hospital and to be treated if the camp staff cannot locate me or another parent/guardian.

Parent or Guardian Signature

Date
