COMMONWEALTH COMMUNITY DEVELOPMENT ACADEMY

Mrs. Angela Moore, Superintendent/Principal

EMERGENCY INFORMATION FORM 2024-2025 School Year

Parent Information: Please fill out completely and sign where indicated. In the event of an emergency, it is policy to retain students at school for their safety. This form will be used by school staff to verify emergency contacts and/or parent/guardians if necessary; it is IMPORTANT that we keep this form up to date. Please PRINT CLEARLY and return form to school.

Student Information

Last Name	First Name	Middle Initial

Date of Birth	☐ Female ☐ Male	Grade

Students Home Address	City & Zip Code	Telephone Number

Parent/Guardian Information

Parent/Legal Guardian Last Name	First Name	Relationship to Student

Address if different from student	City	Zip Code

HOME	CELL	WORK	E-MAIL

Father's Last Name	First Name	Address	Telephone Number

Does your child have any siblings/relatives that attend CCDA? (Please list): _____

_____

Health and Emergency Contact Information

Has your child been diagnosed with any of the following? Indicate all conditions that apply:

☐ ADD/ADHD ☐ Autism/Asperger ☐ Diabetes Type 1 ☐ Migraines
☐ Allergies ☐ Depression ☐ Diabetes Type 2 ☐ Seizure Disorder
☐ Asthma ☐ Heart Condition ☐ Other: _____
☐ Hearing Problems* ☐ Vision Problems* ☐ Have an EpiPen?

*Describe hearing and or vision problem_____

List all Allergens_____

In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

PLEASE PRINT

Name	Relationship to Student	Number	Alternate Number work/cell

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make appropriate arrangements. If your child has any medical conditions (asthma, diabetic, allergies) please see the office and complete medical forms.

I certify that I have read and understand this form and that all the information I have given is true. In the event of an emergency, and I am unable to be reached, I hereby give my authorization for CCDA to contact the names listed on this emergency contact list.

_____ _____

Signature of Parent/Guardian **Date**

Physician's Name_____ **Office Number**_____

It is the parents/guardians responsibility and the expectation of CCDA to keep our records department current on all contact information.

USE FOR CHANGE OF INFORMATION ONLY

New Address: _____ Phone: _____

Emergency Contact Change: _____ Phone: _____

New Address: _____ Phone: _____

Emergency Contact Change: _____ Phone: _____

New Address: _____ Phone: _____

Emergency Contact Change: _____ Phone: _____