



# Emergency Contact and Health Information

Student's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_

Please list any serious allergies, conditions, or restrictions the student has: \_\_\_\_\_

\_\_\_\_\_

Please list any physical or emotional disabilities we should be aware of: \_\_\_\_\_

\_\_\_\_\_

## Insurance Information

Name of Insurance Company: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

## Emergency Release

In case of emergency at this or any school-sponsored event, Agora Cyber Charter School will attempt to reach a parent/legal guardian or one of the emergency contacts listed below. If these contacts are unable to be reached, Agora personnel have my permission to use discretion in securing medical aid. It is understood that Agora, K12 Inc., any sponsoring district, authority, or their respective officers, agents, and employees will not be responsible for the expense incurred. Further, I agree to release and hold harmless all such parties from all causes, liabilities, damages, claims, demands, or losses whatsoever related to medical condition of student to the extent allowed by law.

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Home Phone Number Work or Cell Number \_\_\_\_\_

Other Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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