



995 Old Eagle School Rd
Suite 315
Wayne, PA 19087
ph 610.254.8218
fx 610.254.8969
www.agoraeagles.org

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 Signature _____

Parent/Guardian's Name (please print) _____

Home Phone Number _____ Work or Cell Number _____

Other Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____