

**Medical Information**

Child's Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

List any allergies, medical conditions, and/or special needs:

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

List any medications regularly taken:

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

---

Physician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**TO BE COMPLETED BY YOUR CHILD'S PHYSICIAN:**

Date of last physical examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I certify this child is in good health and can attend Cornerstone Academy.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Insurance Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_

Policy #: \_\_\_\_\_

I authorize Cornerstone Academy to obtain emergency medical care for my child  
(name) \_\_\_\_\_ and to transport my child for  
emergency reasons.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All children must keep a current shot record on file.*

**Office Use Only:**

Date received: \_\_\_\_\_

Staple copy of updated shot records to this form as needed.