| **Student Information** |
| --- |
| **Student Name** (First, Middle, Last) |
| **Grade: Teacher: Birth Date:** |
| **Address:** |
| **Father: Day time Phone:** |
| **Mother: Day time Phone:** |
| **Emergency Contact** (Not Parents)**:** |
| **Contact 1: Phone:** |
| **Contact 2: Phone:** |
| **Medical Information** |
| **Allergies and Medication:** |
| **Medical and Medication:** |
| **Dietary Needs and Medication:** |
| **Healthcare Providers** |
| **Primary Doctor: Phone:** |
| **Dentist: Phone:** |
| **Preferred Hospital:** |
| **Health Insurance Carrier: Policy#** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release Authorization**

List all persons, including yourself and any parents/guardians who are authorized to pick up your child. Both parents/guardians are presumed to be authorized to have contact with your child unless signed and filed court order status is submitted to Knox Classical Academy and the Police Department. Knox Academy may ask for government issued identification (Drivers license or state issued ID) before the child is released to an individual listed below.

| **Name (first & last)** | **Home Phone** | **Cell Phone** | **Relationship** |
| --- | --- | --- | --- |
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|  |  |  |  |

**Waiver of Release**

I (on behalf of my child) waive release and discharge Knox Classical Academy, its officers employees and agents for any and all claims for damages for personal injury or property which I or my child and our heirs, assigns, executors, or administrators may have or accrue on my child's behalf as a result of release of my child to any person named on this form, except for injury or damage caused by the sole negligence or willful misconduct of Knox Classical Academy.

**Parent/GuardianSignature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_