



HEALTH & EMERGENCY INFORMATION

(Please print all information)

Student Information:

Last Name: _____ **First Name:** _____
Grade _____ **Student ID:** _____
Home Telephone # _____ **Cell#** _____
Doctor's Name _____ **Doctor's Phone** _____
Insurance Carrier _____
Insurance Number _____ **Group Number** _____
Name of Insured _____

Student Medical History (Please list any serious allergies, conditions, or restrictions) :

➤ **Parent must remain on site to administer any medications**

Emergency Release:

In case of emergency at this or any school sponsored event, Georgia Cyber Academy (GCA) will attempt to reach a parent/legal guardian or one of the emergency contacts listed below. If these contacts are unable to be reached, GCA has my permission to secure medical attention. It is understood that GCA, K12 Inc., and 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, liability, damages, claims, demands, or losses whatsoever related to medical condition of student to the extent allowed by law.

Emergency Contact Information (please print all information):

Emergency Contact Name: _____

Emergency Contact Relationship to Student: _____

Emergency Contact Phone Number: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____



GEORGIA CYBER ACADEMY (GCA)

STUDENT RELEASE FORM

(to be completed by adult dropping-off/signing-in student, even if adult picking up/signing out student is the other parent)

This release form specifically designates a different adult to pick up/sign-out

STUDENT Last Name: _____ First Name: _____

SIGN-IN INFORMATION (information for adult signing-in student):

Last Name: _____ First Name: _____

Best Contact Phone Numbers: (cell) _____ (work) _____

(home) _____ (other) _____

PICK-UP INFORMATION (information for adult picking up student):

Last Name: _____ First name _____

Best Contact Phone Numbers: (cell) _____ (work) _____

(home) _____ (other) _____

PHOTO ID *MUST* BE PROVIDED

PICK-UP INFORMATION (information for adult picking up student):

Last Name: _____ First name _____

Best Contact Phone Numbers: (cell) _____ (work) _____

(home) _____ (other) _____

PHOTO ID *MUST* BE PROVIDED

Date(s) of authorized pick-up: from _____ to _____

Parent/legal guardian agrees to communicate photo ID requirement to those picking up student and understands that local authorities (police) will have to be called for any students not picked up after dismissal.

Signature authorizes individual(s) above to pick up student on designated date(s).

Print Name: _____ Date: _____

Signature: _____