HIGHPOINT ACADEMY
Coral Way Campus

2026-2027 STUDENT EMERGENCY CONTACT FORM

Student Name	Grade	Date of Birth
List any allergies or illnesses that will need our attention:		
Describe any family situation you would like for us to be aware of (divorce, deceased or ill close family member, troubled past experiences, newborn sibling, etc.)?		
Do you authorize the school to give your child over the counter medications like Children's Tylenol, Children's Motrin, Children's Benadryl and/or Pepto Bismol when and if deemed necessary?		**YES NO**
Parent / Guardian Signature		
Insurance Carrier		
Primary Doctor's Name		

EMERGENCY CONTACT INFORMATION	
Parent/Guardian #1 Name	
Cell Phone	
Work Phone	
Parent/Guardian #1 Name	
Cell Phone	
Work Phone	
PERSONS AUTHORIZED TO PICK UP YOUR CHILD	
Emergency Contact Name	
Relationship to Student	
Phone Number	
Emergency Contact Name	
Relationship to Student	
Phone Number	
Emergency Contact Name	
Relationship to Student	
Phone Number	