



Covenant Blessing Worldview Academy

18726 S. Western Ave. Suite 400

Gardena, CA 90248

Phone 310.327.8190 ☎ Fax 310.327.8170

Child's Name

Medical Condition/Allergy

Child's Name

Medical Condition/Allergy

Name of Insurance Company, Health Plan, Policy Number, Expiration Date:

Emergency Contacts (Besides Parents)

Name

Phone

Relationship

Name

Phone

Relationship

Medical Release Form:

In the event my/our child is injured and requires medical attention, I/we give my/our approval to the person in charge of the event to obtain whatever medical services, treatment, or procedures are necessary. Covenant Blessing Fellowship does not pay physician fees or medical expenses for students who are injured at Academy sponsored activities. I/we hereby waive all claims and do further release, absolve, indemnify and hold harmless Covenant Blessing Fellowship, administrators, volunteers, and parents of all activities.

I/We acknowledge that all the above information is true and accurate, and that any false information knowingly provided could result in disenrollment.

Signature of: (circle one)

Father

Stepfather

Guardian

Date

Signature of: (circle one)

Mother

Stepmother

Guardian

Date