

Acct #: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last name, First name

M/F: \_\_\_\_\_ SS#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Learning Disabilities? \_\_\_\_\_

Explain: \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Medication Required Daily or ongoing? \_\_\_\_\_

Primary Language Spoken in Home: \_\_\_\_\_

**Emergency Information (CONTRACTING PARENTS ONLY):**

Home Address: _____	City: _____	Zip: _____	Home Phone: _____
Parent #1 Name: _____	Relationship: _____	Cell Phone: _____	
Employer: _____	Work Phone: _____	Extension: _____	
Parent #2 Name: _____	Relationship: _____	Cell Phone: _____	
Employer: _____	Work Phone: _____	Extension: _____	

**Other Contacts** (persons to contact in an emergency and/or authorized to pick up student when the above parent(s) cannot be reached):

Name: _____	Relationship: _____	Phone Number: _____
<input type="radio"/> Emergency Contact <input type="radio"/> Pickup		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
Name: _____	Relationship: _____	Phone Number: _____
<input type="radio"/> Emergency Contact <input type="radio"/> Pickup		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
Name: _____	Relationship: _____	Phone Number: _____
<input type="radio"/> Emergency Contact <input type="radio"/> Pickup		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
Name: _____	Relationship: _____	Phone Number: _____
<input type="radio"/> Emergency Contact <input type="radio"/> Pickup		<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell

Is student authorized to walk or ride bicycle home (K-8)?  Yes  No Initial \_\_\_\_\_

**Authorization Of Consent For Treatment**

Calvary Chapel Christian School makes every effort to protect all students, but does not assume any liability for injury.

I, the Parent/Guardian of \_\_\_\_\_, a minor, do hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Calvary Chapel Christian School, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor, I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be my responsibility.

Parent/Guardian Printed Name: _____	Phone Number: _____
Parent/Guardian Signature: _____	Date Completed: _____
Medical Insurance: _____	Account No./Subscriber I.D. _____

**Authorization for Medication Distribution** (Please Select One Option):

**OPTION ONE:** Calvary Chapel Christian School is authorized to administer the following medication(s) to my child. I agree to notify the school **in writing** of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that the school will have limited liability while administering medication. The school agrees to keep a log of medication administered to my child in school throughout the current school year.

Parent/Guardian Signature \_\_\_\_\_

Select ALL medications approved to be administered:

- Antibiotic Cream     Pink Bismuth (Tums)     Cough Drops     Ibuprofen (Motrin/Advil)     Acetaminophen (Tylenol)

**OPTION TWO:** Calvary Chapel Christian School is **NOT authorized** to administer any medication without my consent. I would like to be notified **BEFORE** any medication is administered to my child.

Parent/Guardian Signature \_\_\_\_\_

