

GRACE CHRISTIAN SCHOOL
Student Information Form

School Year _____ - _____

Grade _____

Student's Name _____ **D.O.B.** _____

Mailing Address _____

Father's/Guardian's Name _____ Hm. Phone (____) _____ Cell (____) _____

Father's/Guardian's Employer _____ Wk. Phone (____) _____

Mother's/Guardian's Name _____ Hm. Phone (____) _____ Cell (____) _____

Mother's/Guardian's Employer _____ Wk. Phone (____) _____

Child's Primary Residence: Both Parents ___ Mother ___ Father ___ Guardian ___

Name of Persons Authorized to Take This Child: (other than parents)

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Allergy and Medical Information:

Does your child take medications that will need to be given at school? Yes ___ No ___

If so, medications must be provided by the family. Please state the name(s) and any directions needed:

Does the school have permission to give age and dosage appropriate pain medications, anti-itch creams, and/or nausea medications to your child without calling the parent first? Yes ___ No ___

Does your child suffer from any medical problems or allergies to foods, medicines, or material that he/she may come in contact with which we should know about:

Responsible Adult to Contact if Parent Cannot be Reached:

Name _____ Phone (____) _____ Cell (____) _____

Name _____ Phone (____) _____ Cell (____) _____

Name _____ Phone (____) _____ Cell (____) _____

Child's Physician:

Name _____ Phone (____) _____

The school has my permission to call the above-named physician to share and/or obtain medical information in case of an emergency when as a parent I cannot first be reached.

Emergency Treatment and Transport:

The school has my permission to allow emergency personnel to treat and transport my child to the nearest and/or most appropriate medical center or hospital in the event of an emergency. ___ Yes ___ No

Parent's Signature _____ Date _____