

Emergency and Health Information

17-18

Student Name _____ Birth date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Phone Number (_____) _____ Male or Female (please circle one)

E-mail Address _____



Ethnic Category (Circle all applicable)

Living With (Circle One)

Asian Hispanic White Pacific Islander

Both Parents Mother only Father only

Black American Indian Indian

Mother/Stepfather Father/Stepmother

Please list siblings and the ages: _____

Guardian Other _____



Parent/Guardian _____

Parent/Guardian _____

Place of Employment _____

Place of Employment _____

Phone _____

Phone _____



Is there a Legal Restraining Order on file? YES NO (Circle One) A copy of the Restraining Order must be on file with the school office to be enforced. Please indicate the restrictions contained in this order:



Health Conditions Please circle below if your child has any of the following conditions and indicate any instructions for special management at school:

Diabetes, seizure disorder, heart disease, kidney disease, blood disease,
asthma, reduced hearing, reduced vision, other (please list below: _____)

Special Instructions: _____

Allergies: Please indicate any severe allergies and reactions: _____

List any medications your child takes regularly:

Name of medication: _____ How often? _____ Reason _____

Name of medication: _____ How often? _____ Reason _____

Student's Physician: _____ Student's Dentist: _____

Physicians Phone Number: _____ Dentist's Phone Number: _____

Medical Insurance Provider _____ Number: _____

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Emergency Plan:

In the event of an emergency, when it is not possible for the school to contact the parent, emergency contacts, or family physician, I hereby give permission for my child to be taken to the emergency room or local hospital for treatment.

Signature of Parent or Guardian _____ Date _____.



Emergency Contacts: Names of two persons (relatives, friends, neighbors or friends) living in the local area who may be called in case the parents cannot be reached in the event of an emergency:

Name: _____ Phone: _____ Relationship to child: _____.

Name: _____ Phone: _____ Relationship to child: _____.

Name of Daycare Provider (if applicable): _____ Phone: _____.



Authorized Persons: Names of persons allowed to pick up your child from school:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

_____ *Written notification by parent or guardian MUST be given in the event that someone other than persons listed above is picking up the child.* *



Disclaimer Statement: For in-school purposes as well as for field trips, if any, please complete below:

Happy Hearts Christian School and Trinity Community Church are not responsible for damages caused by accidental injury or illness to your child(ren), while he/she is participating in activities associated with Happy Hearts Christian School.

Signature of Parent or Guardian _____ Date _____.



Additional Information: Please list any family situations that will assist us in relating to your child ie: New baby, divorce, marriage, death, move...

Parent Comments: _____.



I, the Parent/Guardian of this child realize that I am responsible for payment for all school tuition and fees, failure to due so could result in the account being turned over to collections.

Signature of Parent or Guardian _____ Date _____.



* Please call to update this information when necessary *

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