

# Faith Christian School Registration & Medical Form

## STUDENT INFORMATION

Name: \_\_\_\_\_

Last                      First                      Middle                      Birthday                      ID #

## RESIDENCY INFORMATION

Physical address for child: \_\_\_\_\_

Mailing address (if different than physical): \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN

Name:	Employer:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Meetings Allowed
		<input type="checkbox"/> Has Custody	<input type="checkbox"/>	<input type="checkbox"/>

Address:	Email:	Cell Phone:	Home Phone	Work Phone:
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### PARENT OR LEGAL GUARDIAN

Name:	Employer:	<input type="checkbox"/> Lives With	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Meetings Allowed
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Address:	Email:	Cell Phone:	Home Phone	Work Phone:
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### MEDICAL INFORMATION

Insurance Company:	Policy #:	Policy Holder Phone #:	Policy Holder Name:
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Any chronic illnesses or medical conditions that your student is being treated for?

Does your student take any medications at home?       No       Yes, Please List:

Would your student take medications during school hours?       No       Yes, Please List:

List any food, medicine or environmental allergies your student has:

### EMERGENCY CONTACT

Name:	Relationship to Student:	Cell Phone:	Home Phone	Work Phone:
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Address:	Email:
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### EMERGENCY CONTACT

Name:	Relationship to Student:	Cell Phone:	Home Phone	Work Phone:
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Address:	Email:
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Is it ok to give child Tylenol or Ibuprophen during the school day?

Yes, Tylenol     
  Yes, Ibuprophen     
  No, please do not give either

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_