

Student Information

Student Name: _____ Grade _____

Birthday: _____ Age _____

Address: _____

Parent Name: _____ Number _____ Cell _____

Parent Name: _____ Number _____ Cell _____

Email Address (es): _____

Best way to contact: Email Phone best time to call _____

Do you receive texts: Yes, please text me No, thank you

Medical Issues: _____

Allergies: _____

Student's Physician: _____

Medical Insurance Company: _____

Policy # _____

Two Alternate Adults to contact if parents cannot be reached:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Please list all people, including yourself, who are allowed to pick up your child. If the person is not on the list, we will not release your child to that person. If we do not know the person picking up your child we will ask for identification.

	Name	Relationship to child
Ex	Mary Smith	Neighbor
1		
2		
3		
4		
5		

Permission

I hereby grant for permission for my child to all the play equipment used at Columbia Christian Academy, and to leave the facility for walks or field trips. I will be notified of such activities, unless impromptu (walks around the neighborhood). I grant permission for my child to be included in pictures connected with the academy. I hereby grant permission for steps to be taken for emergency care, for emergency care, if need arises. These steps include attempting to contact parent, guardian or alternate adult in case of an emergency and having the child taken to the emergency room accompanied by staff person or person appointed by the staff. Any expenses for the emergency care will be the responsibility of the child's family.

Parent signature: _____ Date _____