

## 2010-2011 Student Information Card

Child's Name

Date of Birth

Age

Parent's/Guardian's Name

E-Mail Address

( )

Home Phone

School District

( )

Mom Cell Phone

( )

Dad Cell Phone

Address

Mother's Employer & Phone #

City, ST ZIP Code

Father's Employer & Phone #

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )

Home Phone

( )

Work Phone

( )

Home Phone

( )

Work Phone

Name and grade of other children attending our school

If parents are separated, with whom does child reside?

Name & Phone # of Church

Pastor's Name

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

YES

NO

If the need arises, a school official may give this student any sort of pain reliever, please circle.

Allergies/Special Health Considerations

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the administration in writing. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release North Rome Christian School and individuals from liability in case of accident during activities related to North Rome Christian School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Additional Information that would be helpful to the school