

STUDENT INFORMATION:

Student's Name: _____ Date Of Birth: _____

Address: _____ City: _____ State: _____

School: _____ Fall Grade: _____ Gender: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____ Mother's Name: _____

Father's Home Phone: _____ Mother's Home Phone (If Different): _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone (If Different): _____

Family's Most Often Checked Email Address: _____

EMERGENCY CONTACT (LOCAL):

Name: _____ Relationship To Student: _____

Contact Number(S): _____

INSURANCE INFORMATION:

Medical Insurance Provider: _____ Provider's Phone Number: _____

Policy Number: _____

Policy Holder's Name: _____ Policy Holder's Phone Number: _____

MEDICAL INFORMATION:

Known diseases or conditions (circle) asthma, heart condition, kidney, epilepsy, other: _____

Allergies: _____

Medications: _____

Date of last Tetanus shot (month/year): _____

I give permission for Christ Community Church to photograph my child for promotional use within the ministry setting.

I give permission for Christ Community Church to administer basic first aid care to my student.

Parent/Guardian Signature (required)

Date

****all information is confidential****

For office use only: Last Name Initial: _____ Date Processed: _____