West-Mont Christian Academy 2019-2020

Student Name: _____ Home Phone: _____

Birth Date: _____ Grade: _____ Home Email: _____

Family Information

Family 1/Guardian 1:_____
(Name)

Address: _____

_____

Home: _____

Cell: _____

Work: _____

Email: _____

Family 1/Guardian 2:_____
(Name)

Address: _____

_____

Home: _____

Cell: _____

Work: _____

Email: _____

Family 2/Guardian 1:_____
(Name)

Address: _____

_____

Home: _____

Cell: _____

Work: _____

Email: _____

Family 2/Guardian 2:_____
(Name)

Address: _____

_____

Home: _____

Cell: _____

Work: _____

Email: _____

Additional Emergency Contacts

(Not guardians listed above)

#1 Contact Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Relationship: _____

#2 Contact Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Relationship: _____

Turn Over ⟶

West-Mont Christian Academy 2019-2020

Hospital / Physician / Insurance

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Student Name: _____

Medical Conditions

☐ ADD/ADHD	□ Diabetes, Type I or II	□ Cerebral Palsy
□ Asthma	□ Sickle Cell Disease	□ Tourette's Syndrome
□ Arthritis	□ Bleeding Disorder/Anemia	□ Epilepsy/Siezures
□ Eating Disorder	□ Spina Bifida	□ Cardiovascular Condition
□ Cystic Fibrosis	Other:	
□ Allergic to Bee Sting	□ Epipen for Bee Sting	
□ Allergic to Foods	□ Epipen for Food Allergy	
□ Allergic to Medication	□ Epipen for Med. Allergy	

Medications that can be administered at the discretion of the school nurse

☐ Tylenol or Generic Alternative ☐ Advil or Generic Alternative ☐ Tums or Generic Alternative ☐ Benadryl or Generic Alternative ☐ Cepacol or Generic Alternative / cough drops

Immunizations within the past year

New Immunizations:

Alert Information

Alert Info:

_____ _____

Signature of Parent Date