

**PORTLAND CHRISTIAN SCHOOL SYSTEM
ENROLLMENT / EMERGENCY / HEALTH INFORMATION 2016-2017**



STUDENT INFORMATION

Legal Name _____

First

Middle

Last

Student's Address: _____

Birthdate _____ Place of Birth _____ SSN _____

Race: _____ Male _____ Female _____ Entering Grade _____

PARENT/GUARDIAN INFORMATION

****Most school correspondence will be sent via e-mail, an e-mail address is mandatory.**

1st Guardian's Name _____ Lives with? Yes No Home #: _____

Relationship _____ E-mail: _____ Cell #: _____

Address if different than student's: _____

Occupation/Employer: _____

Work #: _____

2nd Guardian's Name _____ Lives with? Yes No Home #: _____

Relationship _____ E-mail: _____ Cell #: _____

Address if different than student's: _____

Occupation/Employer: _____

Work #: _____

EMERGENCY INFORMATION

Are there circumstances about the custody of your child that we should know about which limits the sharing of records, the release of your child, etc? YES _____ NO _____ (It is the parent/guardian responsibility to keep the school informed of any changes in custody. The school office should have current & complete legal documents)

List 2 or more persons to contact in the event a parent/guardian cannot be reached & we can release the child to:

Name: _____ Relationship: _____ Phone #s: _____

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Name: _____ Relationship: _____ Phone #s: _____

Name: _____ Relationship: _____ Phone #s: _____

HEALTH INFORMATION

1. Insurance Company _____ Policy/Group # _____
2. Physician _____ Phone # _____ Hospital _____
3. List **current** medical condition, injury, illness, etc. _____

4. Does your child have any food, drug or latex allergies? Yes _____ No _____
If Yes, List: _____

5. If Asthma, will student use inhaler? _____ If allergies, will student use epi-pen? _____
May student take: Tylenol Yes _____ No _____
Ibuprofen Yes _____ No _____
Tums Yes _____ No _____
6. Does your child **routinely** take any medications? Yes _____ No _____
If Yes, List: _____

7. Will your child need medication administered at school? Yes _____ No _____
If Yes, you must complete the necessary **Prescription Medication Form or Over-the-Counter Medication Form on the Elementary Page of our Website.** Students are NOT permitted to possess medications.

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION PROVIDED IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES AND I WILL BE RESPONSIBLE FOR TUITION, FINES OR PENALTIES, ATTORNEY'S FEES & COURT COSTS THAT ARE INCURRED. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Parent/Guardian Signature: _____ Date: _____

PERMISSION SLIPS

Blanket Field Trip Permission: I give permission for my child to ride, using transportation contracted through the school for field trips or other school related activities. Yes _____ No _____

Photo Release Permission: I give the school permission to use photos of my child in publications that promote the school. Yes _____ No _____

THIS INFORMATION WILL BE KEPT FOR ONE YEAR IN STUDENT'S PERMANENT FILE
Important: Update the school immediately if any information changes.