

ENROLLMENT APPLICATION 2017-2018 SCHOOL YEAR

Application Date: _____ Grade Applying For: _____ Previous School: _____

Student's Name: _____ DOB: ____/____/____

Present Address: _____ Phone (____) ____ - ____

City _____ State _____ Zip Code _____ Re-enrollment Yes No

Father/Guardian's Name: _____ **Mother/Guardian's Name** _____

Fill out if different from above:

Address: _____

City: _____ State _____ Zip _____

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

E-mail Address: _____

Occupation:

Employer: _____

Business Address: _____

Business Phone: (____) ____ - ____

Fill out if different from above:

Address: _____

City _____ State _____ Zip _____

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

E-mail Address: _____

Occupation:

Employer: _____

Business Address: _____

Business Phone: (____) ____ - ____

School Emergency Authorization Form

I hereby authorize the Rock County Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by the Rock County Christian School may treat and perform whatever medical procedure is necessary for the health and well being of my child.

It is understood that a conscientious effort must be made to notify me (parents) before such action will be taken.

I hereby consent to have my child participate in field trips and activities supervised by the staff - away from the school grounds.

Your signature grants permission for the additional contacts listed below to remove your child from school if needed for illness or injury. You may also give permission on the day of the incident for others to remove your child.

#1 Primary Contact: _____
(other than parent) Name/Address Home Phone Work Phone Relationship

#2 Alternate Contact: _____
(other than parent) Name/Address Home Phone Work Phone Relationship

Parent/Guardian Signature Date

Medication: **I hereby** authorize Rock County Christian School to administer the following non-prescription medication to my child as needed and not to exceed the recommended dosage according to instructions:

Allergies: Rock County Christian School needs to be aware of the following items that my child is allergic to:

Parent/Guardian Signature: _____ Date: _____

In case of medical emergency 911 will be called

Student
Photo if
available

PRN or As Needed Medication Record

Student's Name: _____ Grade/Classroom: _____
Name of Medical Provider: _____ Phone Number: _____
When to be given: _____ Route: _____
Start Date: _____ Stop Date: _____
Special Considerations: _____

Enter time medication given/Initials

Date	Time	Medication Given	Initials

Delegating School Nurse: _____ Initials: _____

- School personnel authorized to administer medication:
1. _____ Initials: _____
 2. _____ Initials: _____
 3. _____ Initials: _____