

PLEASE PRESS FIRMLY.
**REDEEMER CHRISTIAN ACADEMY
REGISTRATION CARD**

Grade Applying for _____ Gender of child _____

Student's Name _____

Address _____
Last First Middle
City Zip Code

Home Phone Number (_____) _____ Birthday _____

Parent Name(Mr./Mrs./Ms.) _____ Work Phone _____ Cell Phone _____

Parent Name(Mr./Mrs./Ms.) _____ Work Phone _____ Cell Phone _____

Church Affiliation _____

Email Address _____

Can we put your name and address in a School Directory? Y N

REDEEMER CHRISTIAN ACADEMY MEDICAL RELEASE

I, the parent / guardian, give permission for emergency aid, treatment, and diagnostic procedures as necessary to be rendered to my child by any licensed physician or hospital emergency first aid treatment room staff in the event I cannot be reached for consultation. I give permission for my child to be transported to a care facility if necessary. I also give permission for school employees to give minor first aid to my child.

Allergies to medication: Yes _____ No _____ (Explain reaction) _____

_____ Daily Medication: _____

Allergies to food: Yes _____ No _____ (Explain reaction) _____

_____ Daily Medication: _____

Other medical information: _____

Physician's Name: _____ Phone Number: _____

I understand that every attempt will be made to contact me in the event of an emergency. If you are unable to reach me, you are authorized to contact and if necessary release my child to:

Name/Phone/Relationship 1. _____
of Emergency Contact

2. _____

Do Not Release my child to: _____

The following people may pick up my child without further consent:

1. _____ 2. _____ 3. _____

Parent's Signature _____ **Date** _____

