

Does your child have any allergies? _____

If so, please describe: _____

Does your child take any regular medication? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____

What are your child's favorite activities? _____

Persons authorized to pick up your child:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

*FAMILY CODE WORD: _____ (required)

Persons to be notified in case of emergency if we are unable to reach you:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Child's Physician _____ Phone #: _____

Dentist _____ Phone #: _____

Emergency Hospital Preference: _____

Insurance Carrier: _____ Policy Number: _____

I authorize the staff of SECA to treat, discipline, restrain, and do authorize reasonable and necessary medical care for my child. If I/we, as the parent(s) or emergency contact persons are unavailable, I hereby give permission to our family physician to hospitalize, secure proper treatment, anesthetize, or perform surgery on my child, if necessary, at my expense.

Parent's Signature

Date

I _____ do _____ do not give my permission for my child to ride in the school authorized vehicle to and from scheduled field trips.

I understand that the children are supervised at all times and that every precaution is taken to prevent accidents. I relieve Soaring Eagles Christian Academy and its staff of any liability in the event of an accident or injury. I fully understand that SECA will not be responsible for any medical expense resulting from accidental injuries to my child.

Parent's Signature

Date