

291 Ronald McNair Boulevard
MYRTLE BEACH, SC 29579
843-236-6222

ENTERING GRADE ____
MALE ____ FEMALE ____

CHRISTIAN ACADEMY
ENROLLMENT / EMERGENCY INFORMATION
20____-20____

Student's Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Ethnicity _____ Church currently attending: _____

PARENT / GUARDIAN (LIVING WITH STUDENT)

Name(s) Mr. / Mrs. / Dr. / Miss / Ms. (Circle) _____

Relation to student : mother/father/ step-parent/legal guardian/other

Father's occupation _____ Employer _____

Work Phone # _____ Cell Phone # _____ E-mail _____

Mother's occupation _____ Employer _____

Work Phone# _____ Cell Phone # _____ E-mail _____

PARENT (NOT LIVING WITH STUDENT)

Name: Mr. / Mrs. / Dr. / Miss / Ms. (Circle) _____

Relation to student (circle one): mother / father / step-parent / legal guardian / other

Occupation _____ Employer _____

Work Phone # _____ Cell Phone # _____

Receive school mailings? Yes ___ No ___ Permission to pick up student? Yes ___ No ___

IN CASE OF EMERGENCY

When unable to reach parents in case of emergency, please call:

1.Name: _____ Address _____ Phone _____

2.Name: _____ Address _____ Phone _____

AUTHORIZED PICKUP

Authorized pickup (adult other than parents)

Authorized pickup name _____ Phone _____

Authorized pickup name _____ Phone _____

Brothers/sisters enrolled in Christian Academy (Name and grade): _____,
_____, _____,

STUDENT ACTIVITIES PERMISSION

Permission is granted for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises (except as specifically listed below). On behalf of my child, I absolve and release the supervising teacher, the driver of the transporting vehicle, the administration and the Board of Directors from any claim from personal injuries or property loss which might be sustained by the above student while participating in a school sponsored event, and/or field trip, or while coming from or returning to his or her home.

Exceptions (if any): _____

Date _____ Signature of parent/guardian _____

PHOTO RELEASE

I give permission for Christian Academy to publish photographs taken at school and school sponsored activities. These photography/videos may be used in publications, including electronic, audio-visual, promotional literature, advertising, press releases, or other similar ways.

Date _____ Signature of parent/guardian _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, including athletics, field trips, and other school-related activities when parents or guardians cannot be reached:

PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact primary parent/guardian have been unsuccessful, I hereby give my consent for:

(1) The administration of any treatment deemed necessary by said physician:

Dr. _____ Phone _____

Dentist / Orthodontist:

Dr. _____ Phone _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist;

(2) The transfer of the child to _____ hospital Phone _____ or any hospital reasonably accessible.

. This authorization does not cover any procedure other than those deemed medically necessary to maintain life or limb in the event that reasonable attempts to contact the parent/guardian have been unsuccessful. (Typically ER's in the absence of a parent will treat based on medical necessity or in an emergent situation and obtain consent after it is complete, this would also include surgery, transfusions, etc.)

FACTS CONCERNING THE CHILD'S CURRENT MEDICAL PROBLEM OR HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS to which a physician or the school nurse should be alerted (please fill out completely):

PROBLEM or HISTORY	(Y/N)	IF "Yes" treatment required:
Frequent Headaches	___	_____
Seizures/Concussion	___	_____ Date of last: _____
Glasses/Contacts	___	Worn daily _____ Reading/computer only _____
Speech/Hearing	___	_____
Heart Trouble/Rheumatic Fever	___	_____
Asthma	___	(Inhaler needed) __Y__N_____
Allergies to:	___	___ (Food(s)) ___ (Medication(s)) ___(Seasonal)
Diabetes	___	_____
Depression/Anxiety	___	_____
ADD/ADHD	___	_____
Muscle/Bone Weakness	___	_____
Stomach Problems	___	_____
MRSA	___	_____
Other problems/history	___	_____

Medications: Is your child on any medication (including RX or OTC)? Yes ___ No ___

If "yes": (1) Medication name(s) _____ Dosage _____ Frequency _____

Condition(s) _____

(2) Medication name(s) _____ Dosage _____ Frequency _____

Condition(s) _____

(3) Medication name(s) _____ Dosage _____ Frequency _____

Condition(s) _____

Please attach a blank piece of paper with a list of any other medications your child may be taking

Surgeries/Serious Injuries? Yes ___ No ___

If "Yes": Date(s) _____ Explanation _____

*****If any medical information should change throughout the year, please contact the school nurse*****

Date: _____ Signature of parent or guardian _____

PART II (REFUSAL TO CONSENT)

DO NOT COMPLETE PART II OF YOU COMPLETED PART I

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION, BUT RATHER THEM _____

Date: _____ Signature of parent/guardian _____