

FAMILY INFORMATION

Parent/Guardian _____

Home Phone # _____

Address _____

Father's Cell Phone # _____

Mother's Cell Phone# _____

Dependent Information

Child's Name	_____		_____		_____		_____	
	Birth date and grade		Birth date and grade		Birth date and grade		Birth date and grade	
Please Circle Yes or No								
Allergy to medicine	Yes	No	Yes	No	Yes	No	Yes	No
Diabetic	Yes	No	Yes	No	Yes	No	Yes	No
Seizures	Yes	No	Yes	No	Yes	No	Yes	No
Asthma	Yes	No	Yes	No	Yes	No	Yes	No
Allergies	Yes	No	Yes	No	Yes	No	Yes	No
The staff may distribute pain relievers (Tylenol, Ibuprofen) without contacting me for my consent.	Yes	No	Yes	No	Yes	No	Yes	No
Are there any "doctor excused" physical exercises in which your child should not participate? (please specify)	Yes	No	Yes	No	Yes	No	Yes	No
Additional information may be added to the back of this form.								
List any medication allergies or other allergies your child may have.								
List any other medical problems that need to be identified.								
Please give any information that would be helpful for the medical staff .								
Medications prescribed by a doctor and directions on usage.								

Family Medical Form

Are you covered by insurance? Yes No

Insurance Co: _____ Policy #: _____

Employer Name: _____

I hereby give consent for my child/children listed above to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the sponsoring school officials. I do acknowledge that the above information is true and correct, and I understand that a copy of this document may serve as the original.

I understand that since Valley Christian Academy's property insurance will not cover medical expenses for our child/children for accidents or injuries while at school, in or out of the classroom, at recess, PE, or while practicing or participating in any physical training, sport, athletic activity or contest, whether on a formal or informal basis, I may either purchase a low-cost accident insurance through Pacific Educators Insurance Services in Orange, CA (more information is available through the Pacific Educators Insurance website), or I will accept full responsibility that my personal medical insurance is sufficient to cover these needs.

Also, I have read the *Parent/Student Handbook* in its entirety, and I pledge my full cooperation to support Valley Christian Academy and its policies and procedures as long as my child is enrolled. I further agree not to make demands, threaten to sue, make any kind of accusation or complaint, or actually litigate any matter whatsoever relating to or resulting from the enforcement of Valley Christian Academy's policies and procedures.

Parent/Guardian Signature _____

Date Signed _____