

Today's Date ___/___/___

[] Allergies? - List Below*****



"A Classical & Christ-Centered School"

1426 Tanglefoot Lane
Bettendorf, Iowa 52722
Phone: 563.359.5700
Fax: 563.359.5737

STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION

School District in
Which Family Resides: _____

Church Affiliation _____

Child's Name _____

Date of Birth _____

Parent's/Guardian's Name – Primary Contact _____

Parent's/Guardian's Name – Primary Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Email Address _____

Email Address _____

Alternative Emergency Contact _____ Relationship _____

Alternative Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

MEDICAL INFORMATION

*** Allergies _____

Present Medication _____

Date of Last Tetanus _____

Hospital/Clinic Preference _____

Physician's Name and Phone Number _____

Dentist's Name and Phone Number _____

Physician's Address _____

Dentist's Address _____

Insurance Company _____

Policy Number _____

I authorize all medical, dental and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____

Date _____ Social Security Number _____

I give permission for my child to go on field trips. I release Morning Star Academy and individuals from liability in case of an accident during activities related to Morning Star Academy, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____

Date _____