

2012-2013

Concordia University School Enrollment Form & Emergency Information

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F Baptized Yes/ No \_\_\_\_\_ Race \_\_\_\_\_  
Last First M circle circle

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F Baptized Yes/ No \_\_\_\_\_ Race \_\_\_\_\_  
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Student Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F Baptized Yes/ No \_\_\_\_\_ Race \_\_\_\_\_  
Last First M circle circle

(circle)Mother/Stepmother/Guardian (print) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(circle)Father/Stepfather/Guardian (print) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Student Lives with (v): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ (Specify Relationship) \_\_\_\_\_

List persons not allowed to see student in school or not allowed to pick up students per legal restrictions and please provide copies of legal documentation \_\_\_\_\_

**Emergency Information**

The well being of your child is very important. Frequently, when children become ill or injured, we find it difficult to locate the parents/guardians. The following information about your child will help us in the event of an emergency. **Please keep this information current.**

**Please list 2 relatives or close friends who can be contacted if parent/guardian cannot be reached**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Day Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Continued

Physicians Name/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

**Do you authorize the office to administer pain reliever (acetaminophen) without further contact, as needed for your child:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your child take prescription medication:** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please complete extra form available in the office**

**Additional Health Information List children who have:**

Allergies \_\_\_\_\_

Reactions to Penicillin \_\_\_\_\_

Heart Condition \_\_\_\_\_

Reactions to Foods \_\_\_\_\_

Fainting \_\_\_\_\_

Reactions to other drugs \_\_\_\_\_

Reactions to Bee Sting \_\_\_\_\_

Are there any conditions that would prevent your child(ren) from participating in any activities?

Please list child and conditions \_\_\_\_\_

**Church Membership** (Name) \_\_\_\_\_ Denomination \_\_\_\_\_

**List previous school(s) attended:**

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Photos will be taken of your child during various activities to be used in the yearbook and our website. NO NAMES will be published on the website of the children.**

I hereby give my consent for the school to have and use the above information about my child to help my child in the event of an emergency and to share with school officials. This consent shall remain in force until revoked by me with written notice to the school administrator.

In the case that my child should require emergency care, I authorize the school Administrator(s) to contact the City of Milwaukee Fire Dept. Emergency Medical Service at 911. Should the Fire Dept. or assigned ambulance service transport my child to a hospital, I will assume complete financial responsibility for all costs & medical expenses incurred on behalf of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_