



Belvoir Christian Academy

Medical/Emergency Information Date: _____

Student Information

Last Name: _____ First: _____ Grade: _____

Home Address: _____ City, State, ZIP _____

Parent/Guardian Employment Information

Parent/Guardian 1

- Name: _____
- Employer: _____
- Work address: _____
- Work phone: _____

Parent/Guardian 2

- Name: _____
- Employer: _____
- Work address: _____
- Work phone: _____

Emergency Contacts

Name: _____ Phone: () _____ Relation: _____

Name: _____ Phone: () _____ Relation: _____

Physician's Name: _____ Phone: () _____

Health Insurance Company: _____ Group #: _____

Hospital Preferred: _____

Is BCA authorized to: Seek treatment Call physician Call for rescue squad

Parent/Guardian Signature to authorize BCA to seek treatment

To receive text messages for weather-related closings and other school alerts:

Parent 1 Cell Phone #: () _____ Cell Phone Carrier: _____

Parent 2 Cell Phone #: () _____ Cell Phone Carrier: _____

Health Concerns

Please list any special health concerns (Your child's physician must report special dietary concerns to our cafeteria manager):

Is your child taking prescription medication to improve academic performance? Y: ____ N: ____

If yes, which medication and how long has your child been taking it? (Medication): _____

(Length of time on medication): _____

Please list any other prescription medications (and purpose) your child is taking:

Authorization for Pick-Up from BCA

Please note that we will request photo ID of those listed below at time of pick-up. List more on additional sheet if needed.

Name: _____ Phone Number: () _____ Relation: _____

Name: _____ Phone Number: () _____ Relation: _____

Name: _____ Phone Number: () _____ Relation: _____

| Grandparent Information | Grandparent 1 | Grandparent 2 |
|--|---------------|---------------|
| First and Last Name <i>(please print)</i> | | |
| Home Address | | |
| City, State, Zip Code | | |
| Home Number | | |
| Cell Number | | |
| Email | | |

| Grandparent Information | Grandparent 1 | Grandparent 2 |
|--|---------------|---------------|
| First and Last Name <i>(please print)</i> | | |
| Home Address | | |
| City, State, Zip Code | | |
| Home Number | | |
| Cell Number | | |
| Email | | |