

FAMILY INFORMATION

Please see reverse side of this form

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 (packets are available in the school office), 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 _____

ELEMENTARY DISMISSAL PROCEDURE

- Option 1** is for students who go to regular car line to be picked up after school. These students should be responsible enough to determine if the person picking them up is their parent or an authorized adult. This is especially important when substitutes or other teachers need to monitor the after-school dismissal.

- Option 2** is for students with special circumstances. They will be sent to Fireside Hall where they will be released only to a person who has the proper identification and is on the approved pick up list. This option should only be chosen if there is a **court order** restricting who can pick up a child or when there are other circumstances that complicate the pickup procedure. Parents choosing Option 2 will be required to park their car and come in to sign out their child/children with the daycare supervisor.

Option 2 Authorized Pick Up List (Unless otherwise stated, parents are automatically on this list.)

At 3:15 pm all students will be enrolled in daycare.