



APPLICATION FOR ADMISSION

Student Name (cont.) _____

MEDICAL INFORMATION

Emergency Contact (other than parent or guardian):

Name	Relationship	Phone Number

Doctor Name	Phone	Health Ins. Carrier	Card Number

Medications to be Administered (if applicable):

Medication	Dosage	Time/Interval for each dosage

Physician authorizing medication	Phone	Reason for medication

I request that Columbia Christian Schools administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that it is my responsibility to send an appropriate supply of medication to school in its original container. Medication provided to school in any other container will not be accepted. I understand that the school will have limited liability while administering medication to my child in accordance with a physician's statement of the need. The school agrees to keep a written log of prescription medications administered to my child in school throughout the current school year.

- Check here if you give permission for your child to be given over-the-counter medication. (i.e. - Ibuprofen, Antacid, Tylenol, etc.)

Parent Signature _____ Date _____

Medical Release

I hereby give my consent for the named student to go with and be supervised by a representative of Columbia Christian Schools on any planned trip. In case this student becomes ill or injured, you are authorized to have the student treated. I give permission to the medical agency to render treatment.

Parent Signature _____ Date _____

Please list allergies or other medical conditions

REQUIRED FORMS - FOR OFFICE USE (Please include the appropriate forms below with each student registration)

NEW STUDENTS

- Completed Application
- Registration Fee (see Tuition Fee Schedule)
- Signed Tuition Payment Policy
- Official copy of student's most recent report card or transcript
- Completed Immunization Form
- \$35 Placement Test Fee

CURRENT STUDENTS

- Completed Application
- Registration Fee (see Tuition Fee Schedule)
- Signed Tuition Payment Policy