

**CONCORDIA ACADEMY-ROSEVILLE
HEALTH AND EMERGENCY INFORMATION**

STUDENT INFORMATION

Student Last Name _____ First Name _____ M.I. _____

Address _____

City, State, Zip _____ Phone _____

Grade _____ Gender M F Date of Birth _____ Place of Birth _____

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PARENT/GUARDIAN INFORMATION

* **Father's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Father's Occupation _____ Name of Employer _____

Work Phone _____ Cell Phone/Page # _____

* **Mother's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Mother's Occupation _____ Name of Employer _____

Work Phone _____ Cell Phone/Page # _____

* **Step-parent/Guardian's Last Name** _____ **First Name** _____

Address (if different from above) _____

City, State, Zip _____ Phone _____

Step-parent/Guardian's Occupation _____

Name of Employer _____ Work Phone _____

EMERGENCY CONTACTS:

Name	Daytime Phone	Relationship to Student
_____	_____	_____
_____	_____	_____

Name of Doctor and Clinic _____ Phone _____

HEALTH:

Immunizations in the last 12 months: _____

Any medication on a regular basis _____

Health conditions we should know about: for example: asthma, allergies (specify), seizure disorder, diabetes, heart murmur, known vision & hearing loss, ADD/ADHD, etc.

Are there any restrictions to your child's activities? YES NO

Is yes, please explain _____

Injuries in the past 12 months? _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date