			Tame Last / Firs COMPOSITE AUTHOR	
In case of emergency call		Home Phone #		
Mother's Name		Employer	Telephone (Ext.)	Cell
Father's Name		Employer	Telephone (Ext.)	Cell
Home Address		City	State	Zip Code
Other: Name	Name	Relationshi	p to Student	Telephone
mail address:	Name		p to Student	Telephone
Name of Doctor In case this child	becomes ill or	Office Add	ool and neither parent no	Telephone or doctor named above can
			edeemer Christian Scho	ol to contact a physician of
its choice to prov For hospital info			ent care.	
For hospital info	rmation, this ch	ild is covered by	ent care. medical insurance	Policy Number
For hospital information with	rmation, this characteristic company (Fin	ild is covered by	ent care.	Policy Number with parents.)
For hospital information with Name of In My child is allerged My child is current.	surance Company (Fine gic to	ild is covered by	ent care. medical insurance ment of professional services rests w	Policy Number with parents.) medication.
For hospital information with	rmation, this characteristic company (Fine Start	ild is covered by nal responsibility for pay cal problems: (E.	ent care. medical insurance ment of professional services rests was a sample: Asthma, Diabetes, H	Policy Number with parents.) medication. Teart condition, Epilepsy) ility to Redeemer Christian
For hospital information with	surance Company (Fine gic to	ild is covered by nal responsibility for pay cal problems: (E. ny child Tylenol . igence for the so	ment care. medical insurance ment of professional services rests was example: Asthma, Diabetes, H I waive any and all liab hool, its officials, emplo	Policy Number with parents.) medication. Teart condition, Epilepsy) ility to Redeemer Christian
For hospital information with Name of In Name of In My child is allers My child is curre My child has the I give RCS perm School, other that	surance Company (Fine gic to	ild is covered by nal responsibility for pay cal problems: (E. ny child Tylenol . igence for the so	ment care. medical insurance ment of professional services rests was ample: Asthma, Diabetes, H I waive any and all liab hool, its officials, employed and I give RCS permission	Policy Number with parents.) medication. Teart condition, Epilepsy) illity to Redeemer Christian byees, and volunteers. Signature of Parent
For hospital inforwith With Name of In Name of In My child is allerg My child is curre My child has thes I give RCS perm School, other tha My child is a Jr. In signing this for activities, including specific written in must be covered by I understand that I hereby agree to	surance Company (Fine Section 1) Section 1: Section 1: Section 2: Section 2: Section 3:	cal problems: (E. ay child Tylenol.) Tylenol. igence for the so chool student, are permission for d sports activities e contrary for one trance in order to stian School does all liability that n	ment of professional services rests was ample: Asthma, Diabetes, Harample: Asthma, Dia	policy Number medication. Teart condition, Epilepsy) illity to Redeemer Christian byees, and volunteers. Signature of Parent n to give Motrin as needed. Signature of Parent in all school-sponsored campus, unless I give nderstand that my child tivities on or off campus. medical personnel on staff. ncy care issues, except for
For hospital inforwith With Name of In Name of In My child is allerg My child is curre My child has thes I give RCS perm School, other tha My child is a Jr. In signing this for activities, including specific written in must be covered by I understand that I hereby agree to	surance Company (Fine gic to	cal problems: (E. expensibility for pay cal problems: (E. expension for the second student, are permission for disports activities a	ment care. ment of professional services rests was ample: Asthma, Diabetes, Haraman and all liab hool, its officials, employed away from the school of a saway from the school acts and have professional ranight arise from emergents officials, employees at the same and the school acts and have professional ranight arise from emergents officials, employees.	medication. Jeart condition, Epilepsy) ility to Redeemer Christian byees, and volunteers. Signature of Parent n to give Motrin as needed. Signature of Parent in all school-sponsored campus, unless I give nderstand that my child tivities on or off campus. medical personnel on staff. ncy care issues, except for and volunteers.