

Tuesday School Enrollment Form

Church of Christ
74 South Spring Road
Westerville OH 43081
Office Phone: 614-882-1900

Name of Child: _____ Age: _____ Date of Birth: _____

Legal Guardian's Name(s) _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

E-Mail _____

Address: _____

In Case of Emergency and you cannot be reached, whom may we call?

Name: _____ Relationship: _____

Phone(s) _____

Address: _____

Please answer the following questions:

Does your child have any illness or physical condition of which we should be aware? _____

If so, please explain and list any medications/doses required _____

Does your child have any discipline or emotional problems of which we should be aware? _____

If so, please explain _____

Does your child have permission to have refreshments? _____ Please list any food allergies which your child has _____

Do you have a church affiliation? _____ If so, would you please list the name of the church? _____

Would you be willing to assist in the classroom occasionally, if needed? _____

~~Please fill out the reverse side also~~

EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

Purpose: To enable legal guardians to authorize emergency medical treatment for children who become ill or injured while at Tuesday School, after reasonable attempts to reach the child's legal guardian(s) have not been successful.

In the event a Tuesday School representative is unable to contact

_____ (me) at (daytime phone) _____

or (other parent or legal guardian listed below)

_____ at (daytime phone) _____

I give my consent for:

1. The administration of any treatment deemed necessary by:

Dr. _____ Phone: _____
(preferred physician)

Dr. _____ Phone: _____
(preferred dentist)

Or if they are not available, by another licensed physician or dentist at the same practice and/or

2. The transfer of the child to: _____
(preferred hospital)

Or any hospital reasonably accessible.

Please list any other facts concerning your child's medical history to which a physician should be alerted or that we should be made aware of (including allergies, medications currently being taken, and physical impairments) _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE: _____

GUARDIAN'S ADDRESS: _____

For Office Use:

Form was reviewed by: _____ (Director) _____ (Date)