

Mayflower Heritage Christian School

Student Registration Form, Emergency Information, and Liability Release
(Please complete **BOTH** sides of this form.)

Last Name of Family

Home Address

City, State, Zip

Primary Phone for contact or emergencies

Name of Custodial Parent or guardian if applicable

IMPORTANT PHONE NUMBERS – include area code

Parent Work Information

Home phone

Mother/guardian Name:

Cell (mother)

Workplace:

Cell (father)

Workplace Address:

Cell (other)

City, State, Zip

Work (mother)

Father/guardian Name:

Work (father)

Workplace:

Family E-mail Address

Workplace Address:

Second E-mail Address (optional)

City, State, Zip

Name of local persons to contact if parents are not available (two required)

Name	Relationship	Name	Relationship
Address		Address	
City, State, Zip		City, State, Zip	
Phones-Home	Work	Cell	
		Phones-Home	Work
			Cell

PLEASE COMPLETE BACK SIDE OF THIS FORM

INDIVIDUAL STUDENT INFORMATION

(For your child's safety this form must be completed entirely for each student)

Student's First Name	Middle Name	Nickname	Grade	Birthday
Child's Physician	Phone	Does your child have any unusual health conditions or allergies? __ yes __no		
Child's Dentist	Phone	If yes, please indicate:		
Insurance Company	Regular Medications:			
Group #				

Student's First Name	Middle Name	Nickname	Grade	Birthday
Child's Physician	Phone	Does your child have any unusual health conditions or allergies? __ yes __no		
Child's Dentist	Phone	If yes, please indicate:		
Insurance Company	Regular Medications:			
Group #				

Student's First Name	Middle Name	Nickname	Grade	Birthday
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Child's Dentist	Phone	If yes, please indicate:		
Insurance Company	Regular Medications:			
Group #				

AUTHORIZATION FOR MEDICAL TREATMENT AND LIABILITY RELEASE

YOUR SIGNATURE BELOW INDICATES AGREEMENT WITH THE FOLLOWING:

I do hereby give permission and/or consent to the staff of Mayflower Heritage Christian School to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of MHCS. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. I give permission for Mayflower Heritage Christian School to communicate with physician, paramedic, or hospital regarding my child. For the safety of your child, this information will be shared with faculty and office staff. Every effort will be made to keep this information confidential.

I hereby give my permission for my child to participate in the Mayflower Heritage Christian School recess & physical education class, and field trips, and absolve MHCS of liability in case of accident, except to the extent of applicable insurance, and waive any and all claims, demands, and causes of action relating to such activities. I understand that without my signed permission and release of liability, my child cannot participate in these activities.

I hereby give my child permission to go on field trips and absolve Mayflower Heritage Christian School of any and all liability in case of accident.

Parent Signature: _____ Date: _____