

**TRI-CITY CHRISTIAN ACADEMY**  
*A Ministry of Tri-City Baptist Church*  
2211 West Germann Road • Chandler, Arizona 85286-6799  
(480) 838-6632

**EMERGENCY INFORMATION**

**STUDENT**

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**FATHER (or Legal Guardian):**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

**MOTHER (or Legal Guardian):**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

**IF PARENT OR GUARDIAN CANNOT BE REACHED, CONTACT:**

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

**PHYSICIANS:**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby acknowledge myself to be the parent or guardian of the above named student at Tri-City Christian Academy, and I give my consent to the school for my child to attend any school sponsored activity or sports event in which he/she is a part. I hereby authorize the Tri-City Christian Academy staff members to call an ambulance, if they feel it is necessary, and authorize any licensed physician, nurse, or hospital to render such medical treatment to my child that they may deem necessary and/or desirable. I am signing this statement in the presence of a notary public as witness of my acknowledgement.**

Signature: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**HEALTH HISTORY:**

Has your child ever had or does he/she currently have any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allergy to Bee Stings | <input type="checkbox"/> Heart Murmur              | <input type="checkbox"/> Polio                  |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Hepatitis                 | <input type="checkbox"/> Rheumatic Fever        |
| <input type="checkbox"/> Arthritis             | <input type="checkbox"/> Hernia                    | <input type="checkbox"/> Scoliosis              |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Hives                     | <input type="checkbox"/> Sinus Trouble (severe) |
| <input type="checkbox"/> Chicken Pox           | <input type="checkbox"/> Kidney Trouble            | <input type="checkbox"/> Sore Throats (chronic) |
| <input type="checkbox"/> Concussion            | <input type="checkbox"/> Measles                   | <input type="checkbox"/> Tuberculosis           |
| <input type="checkbox"/> Convulsions           | <input type="checkbox"/> Menstrual Cramps (severe) | <input type="checkbox"/> Valley Fever           |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Migraine Headaches        | <input type="checkbox"/> Whooping Cough         |
| <input type="checkbox"/> Eczema                | <input type="checkbox"/> Mononucleosis             | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Emotional Problems    | <input type="checkbox"/> Mumps                     | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Frequent Fainting     | <input type="checkbox"/> Pneumonia                 |   |

Operations (Indicate nature and date for each occurrence):

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Injuries (Indicate nature and date for each occurrence):

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Prolonged absences from school (Indicate nature and date for each occurrence):

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Allergies to medications: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Is the student now under medical treatment? \_\_\_\_\_ If yes, please state reason and doctor's name. *Important:* List all medications that the student takes on a regular basis. \_\_\_\_\_

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Tri-City Christian Academy will have the following over-the-counter medications available for the **unforeseen** needs of all students. Please check off the medications you approve for your child during the school day, administered by a staff member, dosed as indicated on the medicine container (*NOTE: TCA keeps a very limited supply of medications on-hand. If you foresee a medicinal need for your child, such as after an orthodontist appointment, or when your child is getting over a cold, please send the appropriate medicine to school with your child. The office staff or your child's teacher will dispense the medicine as needed.*):

- Chewable Tums
- Cough Drops
- Chewable Children's Tylenol (ages 4-8)
- Regular Tylenol (ages 8-12)
- Extra Strength Tylenol (ages 12 and up)
- Ibuprofen (ages 12 and up)