



# MOTHER LODE CHRISTIAN SCHOOL

18393 Gardner Avenue, Tuolumne CA 95379

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## Health Information / Sport and Sport Fee

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Any known allergies or drug reactions? \_\_\_\_\_

Any special needs or restrictions? \_\_\_\_\_

### Permission to administer medications:

May your child be given (please check all that apply):

Tylenol: \_\_\_\_\_ Ibuprofen: \_\_\_\_\_ Aspirin: \_\_\_\_\_

Pepto Bismol: \_\_\_\_\_ Neosporin: \_\_\_\_\_ Sudafed: \_\_\_\_\_

Please list any medications that your child needs:

Drug name: \_\_\_\_\_ Time and amount to be given: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby give permission for my son/daughter to receive emergency medical treatment from a physician in the event of injury or illness. \_\_\_\_\_ (parents initial)

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

\_ School event: \_\_\_\_\_ Sport Fee: \$60