



BEREAN CHRISTIAN ACADEMY

Application for Re-Enrollment One per student

STUDENT INFORMATION

Student's Full Name _____
Last First MI

Name student prefers _____ Grade entering _____ School term applying for _____

Student Cell Phone _____ Student E-mail Address _____

MEDICAL AUTHORIZATION AND INFORMATION

Family Doctor _____ Doctor's Phone Number _____

Medical Conditions _____

List any prescription medications _____

Doctor prescribing medications (if different from above) _____

Prescribing Doctor's Phone Number _____

Instruction for administration of medication _____

Allergies _____

Past serious illnesses or hospitalizations (with dates) _____

Date of last Tetanus Shot _____

Health Insurance Company _____ Policy # _____

Group # _____

I hereby authorize Berean Christian Academy to give and/or obtain emergency medical assistance for my student in the event that I cannot be reached. I also assume full financial responsibility for any such medical service rendered.

Parent or Legal Guardian's Signature _____ Date _____

BCA may administer recommended dosage of Tylenol (initial please _____)

BCA may administer recommended dosage of Ibuprofen (initial please _____)