



BAYTOWN CHRISTIAN ACADEMY

Student Information Sheet

Student Name

Mother's Name

Father's Name

Street Address

Home Phone

Email Address

Birthday

Please list a name and number I should call if I have a question:

During School

After School

Evening Hours

Name and ages of siblings:

Allergies/Dietary Restrictions/Medical Needs:





Baytown Christian Academy

Student Health and Medication Form

Student's Name (Last) _____ (First) _____ (MI) _____

DOB _____ Grade _____ Sex _____ Home Phone _____

Father's Name _____ Mother's Name _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Please list names and phone numbers to call if the parent/guardian cannot be reached.

Name	Relationship	Phone
1) _____	_____	_____
2) _____	_____	_____

Family Doctor _____ Phone _____

Please check the following that apply:

- | | |
|------------------------|-----------------------|
| Daily Medication _____ | Rheumatic Fever _____ |
| Drug Allergies _____ | Seizures _____ |
| Asthma _____ | Tuberculosis _____ |
| Chicken Pox _____ | Speech Defect _____ |
| Diabetes _____ | Ear Defect _____ |
| Heart Trouble _____ | Eye Defect _____ |

Please comment on any of the items checked:

Daily Medications(must be dispensed from original labeled containers and a parent must bring in the medication) New medications must be added to this form on the day it is brought in.

Initial and Date	NAME OF MEDICATION	AMOUNT TO BE DISPENSED	TIME TO BE DISPENSED
_____ 1)	_____	_____	_____
_____ 2)	_____	_____	_____
_____ 3)	_____	_____	_____

BCA does not dispense any medication without prior written permission from the parent/guardian. If your child needs OTC medication on a regular basis you must bring it in the original bottle labeled and add it to the list of medications above. However, we will dispense OTC meds in an emergency with your consent (such as Tylenol, Advil, Tums or the generic equivalent). Please indicate your consent: YES _____ NO _____ YES, but only if I am called first _____

BCA reserves the right to call an ambulance for your child in case of an emergency.

Complete one of this form for each parent/guardian.

Use



BAYTOWN CHRISTIAN ACADEMY

CONSENT FOR BACKGROUND CHECK

Last First Middle Maiden

Home # _____ Cell # _____ Work # _____

Recent/Current Employer: _____

Address City State Zip Code

I _____ hereby authorize Baytown Christian Academy to investigate my personal employment, criminal history, and driving record in Texas and elsewhere to obtain relevant information deemed necessary to my employment at Baytown Christian Academy. I understand that my previous employers may be contacted and reporting agencies may be initialized to gather such information.

I affirm that the information provided below is true and complete, I understand that any false statements may be the basis for my termination with Baytown Christian Academy.

Date Signature

List any other name(s) you have used: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Driver's License #: _____ State: _____

Please list addresses you have used the past five years(use back of page if necessary):

Please provide your personal health care information.

Health Care Provider Policy Number