



IMLAY CITY CHRISTIAN SCHOOL
7197 E. Imlay City Road
Imlay City, MI 48444
PH: 810-724-5695 FAX: 810-724-5355
icchristianschool@yahoo.com
www.iccschool.net

HEALTH AND EMERGENCY INFORMATION

Please fill this form out and return to the office as soon as possible. We would also appreciate you notifying us if this information changes during the school year.

Student's name: (1) _____
(2) _____
(3) _____
(last) (first) (middle)

Home address: _____
(street) (city) (zip)

Child's Date of Birth: (1) _____ (2) _____ (3) _____

Home phone #: _____ Cell Phone #: _____

Email: _____

Will child be riding bus? _____ walking _____ by car? _____

Parent/Guardian Information:

Mother's Full Name _____
(last) (first) (middle)

Resides with student Yes No

Employer _____ Work Phone _____ hours _____

Occupation _____ Cell Phone _____

Father's Full Name _____

(last) (first) (middle)
Resides with student Yes No

Employer _____ Work Phone _____ hours _____

Occupation _____ Cell Phone _____

Guardian/Step-Parent Full Name _____
(last) (first) (middle)

Resides with student Yes No

Address _____
(Number) (Street Name) (Apartment #) (City) (State) (Zip)

Employer _____ Work Phone _____ hours _____

Occupation _____ Cell Phone _____

Custodial Information

Documentation must be included in child's record if ex-spouse is not to have contact with child at school and/or receive school information.

Who has legal custody? _____ Are parents divorced? ____ If yes, does the ex-spouse have visitation rights and the right to receive information? _____ If so, please provide an email address or fax number where we can send this information. If none available, please inform us of an address where information may be sent. Is student allowed to leave the school with the non-custodial parent? _____

Emergency Information

Local Number Emergency Contacts (Someone who may pick up child in case of illness or injury other than parent/guardian)

#1 _____ Phone _____

#2 _____ Phone _____

#3 _____ Phone _____

Medical Information

Has your child had chicken pox? ____ yes ____ no If yes, give month and year: _____

Does student have any special health considerations or medications? ____ yes ____ no If yes, please list:

In the event of an emergency please name your insurance company and insurance number. We will only make use of this information if you or the above authorized people cannot be reached in an emergency

Insurance Company _____

Insurance Number _____

Other Comments _____

Child's Doctor _____

Phone _____

Child's Dentist _____

Phone _____

Parent/Guardian Signature _____ Date _____

The Imlay City Christian School has a non-discriminatory admissions policy in that all students regardless of race or color are afforded all rights and privileges of the school.