



MOTHER LODE CHRISTIAN SCHOOL

18393 Gardner Avenue, Tuolumne CA 95379

Office: 209-928-4126 | FAX: 209-928-4613 | Website: www.motherlodechristian.com

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: \$40