Parents Name		
Address		<del></del>
Home Phone	Cell Phone	
Student's Name	Grade	
Last Tetanus Booster (Tdap) :	Last TB Tes	i
Allergies to Drugs/Foods		
Special medications or pertinent information: _		
Student's Name	Grade	
Last Tetanus Booster:	Last TB Test	
Allergies to Drugs/Foods		
Special medications or pertinent information: _		
Student's Name	Grade	
Last Tetanus Booster:	Last TB Test	
Allergies to Drugs/Foods		
Special medications or pertinent information: _		
Student's Name	Grade	
Last Tetanus Booster:	Last TB Test	
Allergies to Drugs/Foods		
Special medications or pertinent information: _		
Release Statement: I,	t	he undersigned, understand and
agree that Southlands Christian Sch	ools is not responsi	ble or liable for me or my children
while we are on school property. Sl		become ill or injured, I release
them to the care of emergency med		<b>3</b>
Signature:		Date:
Insurance:		
Support Group:		