



# Lynden Christian Schools

Bellingham-Evergreen Campus: Preschool – 6th Grade  
Lynden Campus: Preschool – 12th Grade

## MEDICAL INFORMATION

Father/Guardian's Name: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Child resides primarily with (circle one)    Both Parents    Father    Mother    Guardian

Are there specific custody regulations regarding any child listed below? \_\_\_\_Yes \_\_\_\_No  
If yes, a Special Instructions form must be completed for each child.

Child's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student's name	Birthdate	Grade	Allergies	Daily Meds.	Other Medical Conditions:
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	_____	Yes / No	Yes / No	Yes / No

Additional information: If yes to any of the above, please explain below.

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Physician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

### Medical Release

As parent or legal guardian, I authorize a licensed physician to examine the above-named student(s) in the event of injury, to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the school authorities to send the above-named student(s) to the hospital or doctor most accessible.

Parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_