

Timothy Christian School's Invite-A-Friend Day

# Visiting Student Registration Form

last name	father's first name	mother's first name
address		postal code
home phone	email address	

student names	birth date	health card number/version #	expiry date

### Allergy/Medical Information

Please specify any allergies or medical conditions. Please include the degree of severity, any procedures that need to be followed or medication to be administered if the child has a reaction or an attack. Please be detailed.

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### Emergency Contact Information

father's occupation/place of employment  father's work phone number  cell phone number	mother's occupation/place of employment  mother's work phone number  cell phone number
alternate contact  relationship to children  home / work phone number  cell phone number	family doctor's name  phone number

In the event of an emergency, I give permission for my child(ren) taken to a hospital or doctor if neither parent is available at the time of the accident. The above approval is given subject to the following conditions: (Please write any conditions on the line below)

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signature of parent	date
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**Thank you for letting your child(ren) visit with us for the day. Please provide us with as much contact information as possible so that we can ensure their safety in the unlikely event of an emergency.**