

**West Side Christian School
2022-2023**

Student Name: _____ Grade: _____

Please name the person responsible for picking your child up from school:

Name: _____
Phone: _____ Cell: _____

List any other individuals who have permission to pick your child up from school:

Name: _____ Relationship: _____
Phone: _____ Cell: _____

Name: _____ Relationship: _____
Phone: _____ Cell: _____

Name: _____ Relationship: _____
Phone: _____ Cell: _____

Name: _____ Relationship: _____
Phone: _____ Cell: _____

List any individuals who CAN NOT pick your child up from school:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

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**SPECIAL MEDICAL CONDITIONS
& TREATMENTS:**
(Be very specific)

Student Name: _____ Grade: _____

ALLERGIES: _____ Treatment: _____

Please list any food or other products your child **CAN NOT EAT OR BE EXPOSED TO :**

OTHER HEALTH CONDITIONS: _____ Treatment: _____

Please attach instructions regarding further treatments for special conditions such as severe allergies, diabetes, asthma, etc.