



**FAMILY INFORMATION**

Notes (Office use only):

**Father (or Guardian) Title:** Mr.

First Name:

M.I.:

Last Name:

Is a Legal Custodian of student?  Yes  NoLives with student?  Yes  NoReceives school mailings/academic reports?  Yes  No

Primary/Directory #:

Cell #:

Home #:

Work #:

Address:

City/State/Zip:

Primary Email:

SS #:

Employer:

**Mother (or Guardian) Title:** Mrs. / Ms. / Miss

First Name:

M.I.:

Last Name:

Is a Legal Custodian of Student?  Yes  NoLives with student?  Yes  NoReceives school mailings/academic reports?  Yes  No

Primary/Directory #:

Cell #:

Home #:

Work #:

Address:

City/State/Zip:

Primary Email:

SS #:

Employer:

**Step-Father Title:** Mr.

First Name:

M.I.:

Last Name:

Is a Legal Custodian of Student?  Yes  NoLives with student?  Yes  NoReceives school mailings/academic reports?  Yes  No

Primary/Directory #:

Cell #:

Home #:

Work #:

Address:

City/State/Zip:

Primary Email:

SS #:

Employer:

**Step-Mother Title:** Mrs. / Ms. / Miss

First Name:

M.I.:

Last Name:

Is a Legal Custodian of Student?  Yes  NoLives with student?  Yes  NoReceives school mailings/academic reports?  Yes  No

Primary/Directory #:

Cell #:

Home #:

Work #:

Address:

City/State/Zip:

Primary Email:

SS #:

Employer:

**It is the responsibility of the family to notify the schools of special issues regarding custody including giving a copy of relevant court orders.**

**PLEASE FILL OUT COMPLETELY. IF HANDWRITTEN, USE PEN**

Student's First Name:

M.I.:

Last:

Date of Birth:

Grade for current school year:

Gender:  M  F

**EMERGENCY INFORMATION**

Health Insurance Company:

Group #:

Hospital preferred, if a choice:

Phone #:

Name of Physician to be called in emergency:

Phone #:

Name of Dentist:

Phone #:

If needed, I authorize the Lighthouse Baptist Academy office to administer the following medication as requested by my student, not to exceed the recommended dosage.

Yes      No      Acetaminophen (Generic Tylenol)      Dosage: \_\_\_\_\_

Yes      No      Ibuprofen (Generic Advil)      Dosage: \_\_\_\_\_

Other medications that Lighthouse Baptist Academy staff is authorized to administer upon request of my student:

**\*Prescription medications must be accompanied with a note from the physician.**

**\*All medications must be kept in the school office.**

By signing this section you are authorizing the distribution of these over the counter medications and any prescription medications accompanied by a physician's note.

**Parent/Legal Guardian Signature:**

**Date:**



**2015-2016  
MEDICAL  
INFORMATION  
FORM**

*This form is  
required annually  
for all students  
(K5-12)*

*Continued on next page*

**MEDICAL INFORMATION**

Has your child ever received treatment for or been diagnosed with any medical condition? (Diabetes, heart trouble, seizures, asthma, etc.)       No       Yes

If yes, please list and explain:

Does your child have any skin sensitivity to injected or oral medication?

No       Yes

If yes, please list and explain:

Does your child have any allergies to foods, common chemicals, environmental allergens, etc.?

No       Yes

If yes, please list and explain:

Does your child have any other medical conditions that we need to be aware of?

No       Yes

If yes, please list and explain:

Does your child take daily medications at home?

No       Yes

If yes, please list and describe:

Notes:  
(Please discuss any important information, not already listed, that we need to know about your child's health or medical needs)

Should my child become ill or suffer an accident of any magnitude while in the care of Lighthouse Baptist Academy or a member of it's staff, the school/staff shall make every effort to contact me immediately. In the event that the school is unable to reach me immediately (or one of the authorized persons listed as an emergency contact), LBA staff shall be authorized to secure and consent to such medical attention, treatment, and services that my child may need. I agree that LBA and it's staff are not to be held liable for any accident or injury to my child while in their care.

*(initial here)* I authorize all medical and surgical treatment, x-rays, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. (This waiver applies in the event that neither parent/guardian can be reached in the case of emergency.)

*(initial here)* I give permission for my child to go on field trips with Lighthouse Baptist Academy. I release Lighthouse Baptist Academy and staff from liability in case of accident during activities related to Lighthouse Baptist Church or Lighthouse Baptist Academy, as long as normal safety procedures have been taken. This signed medical release will be applicable during off campus field trips.

**Parent/Legal Guardian Signature:**

**Date:**

<b>LBA POLICY AND ADMISSION AGREEMENTS:</b>	
<p>By signing below I state that I have read and understand the following documents (<i>provided by Lighthouse Baptist Academy</i>) and agree to adhere to and abide by the policies, procedures and expectations listed therein. Further, I understand that all LBA policies and activities are governed by the LBA Handbook and that my student(s) are accountable to the expectations listed in the Student Handbook. I understand that LBA believes in and uses the King James Bible and that LBA is free to instruct my child in the truth of these tenants and encourage him/her to accept them as guiding principles for his/her life. I further confirm that it is my students' desire to attend Lighthouse Baptist Academy.</p>	
<i>LBA Student Handbook</i>	<i>LBA Parent's Pledge</i>
Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Signature:	Date:

<b>STUDENT AGREEMENT (REQUIRED FOR STUDENTS GRADES 6-12 ONLY):</b>	
<p>I understand that I have read and am accountable to the terms of the LBA handbook and that I have read the <i>LBA Student Agreement</i>. I agree to conduct myself, in behavior and attitude, in a positive and appropriate manner and to abide by both the LBA Handbook and the LBA Student Agreement. I confirm it is my desire to attend Lighthouse Baptist Academy. Further, I understand that I am accountable to the expectations listed in these documents.</p>	
<i>LBA Student Handbook</i>	<i>LBA Student Agreement</i>
Student Signature (6-12 grade students only):	Date:

<b>FINANCIAL &amp; BILLING INFORMATION:</b>			
<input type="checkbox"/> Parent(s)/Guardian(s) will be responsible for tuition and fees	<b>Tuition Payment Plan:</b>	One payment	Monthly
Responsible Party's Last Name:	First:	Middle Initial:	
Address:	City/State/Zip:		
SS #:	Driver's License #:		
Home #:	Cell #:		
Employer:	Occupation:		
Work #:	Email:		
Signature of party responsible for billing:		Date:	
Signature of 2nd party responsible for billing:		Date:	