



HEALTH & SAFETY FORM

BELLINGHAM CHRISTIAN SCHOOL

Parent(s) or Guardian(s): _____

Student(s): _____

SCHOOL DIRECTORY

Each year BCS publishes a family directory for parents and staff members. This directory includes the following information. Please check any that you would like omitted. Home Telephone Number

Cell Numbers Email Address Home Address

MEDIA RELEASE

____ I do not want my child's name, photo, video image disclosed in media, including Facebook and other social media, radio, TV, print media and school website. (please check those that apply.)

PICK UP

Is there anyone who **must never pick** up your child?

Name: _____

EMERGENCY & AUTHORIZED DRIVERS FOR PICK UP CONTACT NUMBERS

In the event the school needs to contact someone during the day (usually because a child is ill) and you cannot be reached.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does the child(ren) have any health issues that we need to be aware of. Major allergies, medications to take during school day, etc. Indicate which student.

Bellingham Christian School uses Washington State Immunization Information System to maintain accurate and up to date records on students immunizations. If any information is missing online we may have to contact you for a copy of your records.