STUDENT ENROLLMENT FORM

SCHOOL YEAR: 2025-2026

What school does your child attend? ___Mulberry Creek ___New Mountain Hill ____Park ___Pine Ridge
___ Creekside ___ HCCMS ___ HCHS

Student Information

Name _____ Date of Birth_____ Age_____

Sex: ____M ____F Other_____

Street Address_____

City_____ State _____ Zip Code_____

Parent/Guardian Information

Name:_____

Date of Birth:_____Social Security Number:_____

Street Address:_____

City:_____ State: _____ Zip Code:_____

Home Phone:_____Cell Phone:_____Other:_____

Email Address: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY (*OTHER THAN PARENT/GUARDIAN*)

Name: _____ Relationship to Patient:_____

Home Phone:_____Cell Phone:_____Other:_____

MEDICAL HISTORY

PRIMARY CARE PHYSICIAN

Name: _____ Phone Number: _____

Address: _____

Date Last Seen: _____

PREFERRED PHARMACY

Name: _____ Phone Number: _____

Address: _____

MEDICATION LIST

1)_____ Dosage:_____ Time:_____

2)_____ Dosage:_____ Time:_____

3)_____ Dosage:_____ Time:_____

4)_____ Dosage:_____ Time:_____

5)_____ Dosage:_____ Time:_____

List All Allergies to Medication(s):

1)_____

2)_____

3)_____

4)_____

Please list any religious/personal beliefs that healthcare providers need to be aware of in addressing your child's care:

_____

_____

All medical history provided is true and accurate to the best of my knowledge.

Signature of Parent/Guardian _____ **Date** _____

Insurance Information

Name of Insurance: _____ Policy#: _____ Phone Number:_____

A CURRENT COPY OF YOUR INSURANCE CARD IS REQUIRED

☐ Check here if you wish to be a cash pay patient