



Dear Parents,

We are honored that you have expressed an interest in our school and for entrusting your child(ren)'s academic future into our care. We are thankful to God for allowing us this opportunity and do not take it lightly. It is our heart's desire to provide your child(ren) with a strong academic curriculum and, at the same time, encourage and develop their spiritual walk with the Lord.

Attached are several forms that will need to be completed and turned in by February 25, 2025, along with your registration fee of \$225 per student. The registration fee must accompany these forms in order to temporarily hold a space for your child(ren) during the registration process. We accept cash or check for the registration fee(s). If paying by check, please **make checks payable to Church on the Rock**. If paying by cash, please submit the cash in a sealed envelope marked with FCA Registration Fee(s), your child(ren)'s name and the amount enclosed. We also included a checklist as a reference for the documents needed.

Please provide your documents and registration fee(s) in a sealed envelope to the school office, during school hours, Monday through Thursday, 8:30 am – 3:45 pm on or before February 25, 2025. After we review your application, we will be in contact to setup an interview with you and the FCA staff in early to mid-March. Also, all students that are accepted will take an achievement test in mid to late March.

If you have any questions, please do not hesitate to contact me at the church office at 512-864-7713.

Again, we thank you for your trust and confidence in us to provide your child(ren) with a Christ-centered education. We look forward to partnering with you in this journey.

Sincerely,

A handwritten signature in black ink that reads 'Katie Gonzales'.

Katie Gonzales  
Administrator  
Faith Christian Academy



# FCA Student Enrollment Packet Checklist 2025-2026 School Year

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## STUDENT INFORMATION:

Student's Name: \_\_\_\_\_

- \_\_\_\_\_ Application
- \_\_\_\_\_ Family Monthly Budget Form
- \_\_\_\_\_ Registration Fee
- \_\_\_\_\_ Enrollment Contract
- \_\_\_\_\_ School Transcripts
- \_\_\_\_\_ Final Report Card
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ Vision and Hearing Screening (where applicable – see below)
- \_\_\_\_\_ Scoliosis Screening (where applicable – see below)
- \_\_\_\_\_ FCA Student Annual Waiver (with a copy of insurance)
- \_\_\_\_\_ FCA First Aid Permit
- \_\_\_\_\_ Authorization for Dispensing Medication (if applicable)

### Health Care Records

- Vision and hearing screening:
  - All kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> grade students must provide a Vision and Hearing Screening from their physician.
  - All first-time entrants through 12<sup>th</sup> grade must provide a Vision and Hearing Screening from their physician.
- Screening for abnormal spinal curvature:
  - Girls will be screened two times, once at age 10 (or fall semester of grade 5) and again at age 12 (or fall semester of grade 7).
  - Boys will be screened one time at age 13 or 14 (or fall semester of grade 8).

Student Last Name: \_\_\_\_\_  
Student First Name: \_\_\_\_\_  
Applying for Grade: \_\_\_\_\_

## **APPLICATION FOR ADMISSION**

### ***Church on the Rock Faith Christian Academy***

**925 Golden Oaks Road  
Georgetown, TX 78628  
(512) 864-7713**



### **Philosophy Statement**

The philosophy of Faith Christian Academy of Georgetown, Texas is based on a God-centered view that all truth is God's truth, and that the Bible is the inspired and the only infallible, authoritative Word of God that contains this truth. God created all things and sustains all things. Therefore, the universe and humanity are dynamically related to God and have the purpose of glorifying Him. Because humans are sinners by nature and choice, they cannot glorify or know God. A person can do this only by choosing God's free gift of salvation through His Son, thereby committing his or her life to the Lordship of Jesus Christ.

Our aim socially is to provide a Christian perspective on life and the world from which will come a balanced personality and a proper understanding and acceptance of one's role in life and home, at work, at play, and at worship – all grounded in the Christian concept of love.

Our responsibility for the student encompasses the spiritual, intellectual, physical, social, and emotional areas. These are inseparable, and through them all runs the thread of the spiritual. Therefore, it must be our aim to shun the tendency to teach the Bible compartmentally or on the intellectual level alone – the spiritual thread must be woven throughout the total curriculum.

This philosophy dictates that we cooperate closely with parents in every phase of the student's development, always offering assistance in understanding the purposes of the Christian school.

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**STUDENT INFORMATION:**

Student's Full Name:

*First*

*Last*

*Middle*

Preferred Name: \_\_\_\_\_ Male:  Female:

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity:  African American  Caucasian  Indian

Native American  Hispanic  Other: \_\_\_\_\_ Grade: \_\_\_\_\_

**FAMILY INFORMATION:**

Are Both Parents Living?  Yes  No

Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Remarried: \_\_\_\_\_

Full Name of Parent(s) Child Lives With:

If Parents Are Divorced:

Name of Parent Student Does **NOT** Live With: \_\_\_\_\_

Name of Parent Who Is Legally/Financially Responsible for the student: \_\_\_\_\_

Internet Available at Home:  Yes  No Preferred Method of Contact: \_\_\_\_\_

**Please provide FCA with a copy of the legal visitation schedule and custody agreement.**

**PARENT INFORMATION:**

**If you are a Guardian, please attach a copy of the guardianship document.**

**Father's Information**

*First*

*Last*

*Middle*

*Mailing Address*

*City*

*State*

*Zip Code*

*Home Phone*

*Cell Phone*

*Email*

Are you a member of Church on the Rock?  Yes  No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Work Address*

*City*

*State*

*Zip Code*

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Business Phone

Extension

Business Email

**Mother's Information**

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock?  Yes  No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

**Stepfather's Information**

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock?  Yes  No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

**Stepmother's Information**

First

Last

Middle

Mailing Address

City

State

Zip Code

PLEASE PRINT WITH BLUE OR BLACK INK

Home Phone

Cell Phone

Email

Are you a member of Church on the Rock?  Yes  No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address

City

State

Zip Code

Business Phone

Extension

Business Email

List All Siblings in Your Home (Include Non-School Age Children):

_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____
_____	Grade: _____	Birthdate: _____ / _____ / _____

**EMERGENCY CONTACTS:**

Please provide the information below for three emergency contacts that have permission to assume temporary care of your child if you cannot be reached:

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

First

Last

Middle

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

Email

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\_\_\_\_\_  
First

\_\_\_\_\_  
Last

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

Check here if these people have permission to drop-off and pick-up your child at/from school.

**MEDICAL/BEHAVIORAL INFORMATION:**

Are there any medical conditions we need to be made aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any allergy conditions we need to be made aware of?  Yes  No

If yes, please list them along with their reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medication we need to be made aware of?  Yes  No

If yes, please list them along with any side effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child received counseling and/or treatment for emotional or behavioral issues?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a diagnosed learning disability?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT WITH BLUE OR BLACK INK**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist below and to follow his/her instructions. If it is impossible to contact this physician/dentist, the school may make medical arrangements they deem necessary.

Parent/Guardian Signature: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Does your child receive special accommodations for academics or behavior while attending school?

Yes  No If yes, please explain: \_\_\_\_\_

***If the student receives special accommodations at their current school, please provide a copy of the student's special education (IEP or IAP) or 504 documentation.***

**ACADEMIC INFORMATION:**

Name of Current School Attending: \_\_\_\_\_

Type of School:  Public  Private  Home School  \_\_\_\_\_

Grades Attended (Attach transcript or copy of student's last report card): \_\_\_\_\_

Name of Principal/Head of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address

City

State

Zip Code

Reason for Leaving: \_\_\_\_\_

Is the Student Able to Return?  Yes  No

What type of classes is your student enrolled in?

Pre-AP or AP  Honors  Gifted and Talented  Grade Level

Resource/Enrichment  Special Needs  Other \_\_\_\_\_

If your child is currently home schooled, please answer the following:

• What curriculum is the student using? \_\_\_\_\_

• Is the curriculum through an accredited program (if yes, provide transcript)?  Yes  No

• What grade level curriculum is the student currently working on? \_\_\_\_\_

***The student must complete their current grade level curriculum by June 1st in order to be enrolled in the next grade.***



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Complete the Academic Skills section based on information you have received about your student, i.e., report cards, comments, school communications, conferences, and any other resources.

<b>ACADEMIC SKILLS</b>	<b>SUPERIOR</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>N/A</b>
Listens to and follows teacher's directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates an appropriate attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits good study habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes assigned tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses written ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses verbal ideas clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds positively to constructive criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishes friendships easily and is considerate of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates maturity level that is age-appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is respected by peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respects others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes responsibility for belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates appropriate behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a positive influence on peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CONFIDENTIAL RECOMMENDATION FORM**

Has your child been in a resource room for instruction?  Yes  No

If yes, please give the subject areas in which your child received assistance: \_\_\_\_\_

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Has your child been evaluated for learning disabilities?  Yes  No

If yes, please explain and provide testing results: \_\_\_\_\_

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Is your child currently taking prescribed medication?  Yes  No

If yes, please list the medications and symptoms/diagnosis taken for: \_\_\_\_\_

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**PLEASE PRINT WITH BLUE OR BLACK INK**

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Has medication been recommended for your child?  Yes  No

If yes, please explain: \_\_\_\_\_

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Please add comments regarding your child's strengths, challenges, special needs, social and emotional development, etc.:

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Please add comments regarding your child's behavior:

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**OTHER SCHOOLS ATTENDED:**

Name of School	Location	Grade(s)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student ever been suspended from a school or asked to leave?  Yes  No

If yes, please explain: \_\_\_\_\_

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Describe your expectations of Faith Christian Academy in regard to your child's education:

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**FCA MISSION STATEMENT:**

The mission of Faith Christian Academy of Georgetown is to assist Christian parents by providing a Bible-based, Christian education that inspires each student to pursue excellence—spiritually, academically, emotionally, and physically—and to prepare students for a life grounded in God's truth and directed by the Holy Spirit making the Word final authority.

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**PARENT'S STATEMENT:**

As the Parent(s)/Guardian(s) of the student applicant named herein, I (we) state that I (we) agree with the Doctrinal Statement, Mission Statement, and the philosophy of FCA. I (we) agree that, upon acceptance of the herein named student, I (we) will pledge ourselves to work with the FCA Staff, Administration and Faculty within these statements to the betterment of our student and to assist and cooperate with the school in the Christian Education of my (our) child. I (we) understand that the enclosed Registration Fee is non-refundable and that the receipt of the application does not guarantee any admission as said admission is subject not only to space available but also to the FCA policies, procedures, and guidelines. I (we) further understand and acknowledge that continued enrollment of my (our) child, if admitted to FCA, shall be subject to the payment of all fees and charges set forth on the schedule of fees; my (our) student's compliance with the code of conduct, student covenant, and policies established by FCA and my (our) compliance with the code of conduct, parent covenant, and policies established by FCA.

Parent(s) or Guardian Signature:

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*Printed Name*

---

*Signature*

---

*Date*

---

*Printed Name*

---

*Signature*

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*Date*

**NON-DISCRIMINATORY POLICY:**

FCA does not discriminate on the basis of race, color, or national and ethnic origin, to all rights, programs, and activities available to students at the school. It does not discriminate on the basis of race, color, or national and ethnic origin, of these education policies, school programs, athletics, or other school-administered programs.

**FINAL INSTRUCTIONS:**

This Application for Admission must be completed in its entirety for each student seeking admission to FCA. It should be submitted along with a non-refundable Registration Fee to the school office on the campus of FCA on or before the open enrollment deadline.



## FCA Family Budget Form 2025-2026 School Year

We request the budget information below to verify your ability to pay the FCA tuition to cover curriculum, staff, and operating costs. This information will only be viewed by the school administrator and kept confidential and in a secure location.

PLEASE PRINT WITH BLUE OR BLACK INK

STUDENT'S NAME:

MONTHLY INCOME	AMOUNT
Total Monthly Income	\$
MONTHLY EXPENSES (3 months average)	AMOUNT
Total Monthly Expenses	\$
INCOME MINUS EXPENSES	AMOUNT
Total Monthly Overage	\$

By signing below, I/we certify that the budget information provided is true and correct to the best of my/our knowledge.

Parent(s) or Guardian Signature:

\_\_\_\_\_

*Printed Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

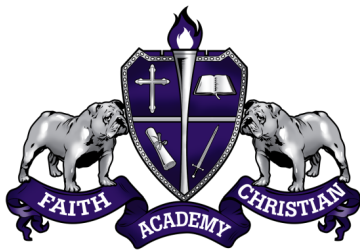
*Printed Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*



# FCA Enrollment Contract 2025-2026 School Year

In consideration of the acceptance of this Enrollment Contract by FCA, the undersigned agrees to pay the required fees as specified below.

**PLEASE PRINT WITH BLUE OR BLACK INK**

KINDERGARTEN – 12 <sup>TH</sup> GRADE				
STUDENT'S NAME	GRADE	REG FEE DUE 2/25/25	PAYMENT PLAN A ONE PAYMENT NO BANK DRAFT DUE JUNE 5, 2025	PAYMENT PLAN B 12 MOS. PAYMENT BANK DRAFT JUNE 2025-MAY 2026
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand that my commitment to pay will help facilitate the costs for salaries and school expenses. Therefore, by signing below, I agree to pay the registration fee and understand that the registration fee is non-refundable. I also agree to pay the full tuition per student, as stated above, whether I choose to withdraw my student from Faith Christian Academy anytime during the 2025-2026 school year.

Parent(s) or Guardian Signature:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

### FCA Office Use

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_



# FCA Health Form 2025-2026 School Year

925 Golden Oaks Road, Georgetown, Texas 78628  
(512) 864-7713

PLEASE PRINT WITH BLUE OR BLACK INK

**STUDENT'S NAME:**

\_\_\_\_\_

First

Last

Middle

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

Parent/Guardian Printed Name

Parent/Guardian Signature

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**1. HEARING AND VISION SCREENING.** If your child is 4 or over by September 1, the State of Texas requires that each child be given hearing and vision screenings – with the results in numeric form. Parents have the option of asking a private physician or health professional perform the testing.

HZ	1000	2000	4000
Right Ear:			
Left Ear:			

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Right Eye:	20/	Left Eye:	20/
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Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

**2. SPINAL SCREENING.** Texas State Law requires spinal screening for 5<sup>th</sup> and 8<sup>th</sup> grade students. As a part of this student's physical, please include an exam for spinal disorders, including scoliosis, kyphosis, and lordosis.

\_\_\_\_\_ Spinal Exam, including forward bend test, within normal limits

\_\_\_\_\_ Follow-up indicated

**COMMENTS/RECOMMENDATIONS/RESTRICTIONS FOR THE SCHOOL SETTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## FCA Student Annual Waiver 2025-2026 School Year

By signing below, I, \_\_\_\_\_ testify that I am the parent/legal guardian of the student(s) listed below:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and hereby declare that permission/consent has been granted for my student(s) and/or custodial minor(s) to attend and participate in any events for the 2025-2026 school year with Faith Christian Academy. I understand what duties, responsibilities and tasks are required to participate in these events. I declare that my student(s) is/are physically and mentally able and competent to participate in these events. I also hereby release the officers, employees, agents, or representatives of Faith Christian Academy and Church on the Rock, Georgetown from any and/or all liability associated with these events. I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my student(s) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity to submit below any known medical conditions and allergies for my student(s); as well as all activities that I wish my student(s) not participate in. If there are any changes in medical, emergency contact and/or insurance information as well as any activities I do not want my student(s) to participate in, I understand it is my responsibility to inform the officers, employees, agents, or representatives prior to each event by submitting an *FCA Annual Waiver Change Form*. I understand that events are subject to change and by signing this document, I agree to these terms for updated events as well. I understand that by signing the *FCA Student Annual Waiver Form*, I am not committing my student(s) to attend all Faith Christian Academy events and that I am responsible to confirm their participation for each event for planning purposes.

I understand that if a student, parent, teacher, assistant, or substitute of Faith Christian Academy or individual that attends Church on the Rock organizes an activity or event that is not on the Faith Christian Academy or Church on the Rock calendar or does not have an email sent from the FCA Administrator, it has not been authorized by Faith Christian Academy or Church on the Rock and is not a school or church-sponsored activity or event. I also understand that this form, as well as the Faith Christian Academy and Church on the Rock Guidelines and Procedures, would not apply to this activity or event and all responsibility and liability would fall solely on the individual organizing the activity or event.

### MEDICAL INFORMATION:

List each student individually and list any allergies and/or medical conditions pertaining to each student. If there are no allergies and/or medical conditions, write N/A.

STUDENT'S NAME	ALLERGIES	MEDICAL CONDITION

**EXCLUDED ACTIVITIES:**

List any activities, per student if applicable, that you DO NOT want your student(s) participating in:

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**EMERGENCY CONTACT (REQUIRED):**

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*Printed Name*                      *Relationship*                      *Phone Number*

**INSURANCE:**

Do you have medical insurance? (If yes, a copy of your card is required.)     Yes     No

Signed this Day: \_\_\_\_\_                      Month: \_\_\_\_\_                      Year: \_\_\_\_\_

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*Printed Name*                      *Signature*                      *Relationship to Student*





## FCA First Aid Permit 2025-2026 School Year

By signing below, I, \_\_\_\_\_ testify that I am the legal parent/guardian of the child(ren) listed below:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

and I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity below to submit any known medical conditions and allergies for my children. If there are any changes in medical and emergency contact information, I understand it is my responsibility to inform the officers, employees, agents, or representatives and update the school office.

### FIRST AID CARE:

List each child individually and circle Yes or No for each first aid item. If you choose no, please indicate your preference for treatment.

CHILD'S NAME	BANDAGE/ GAUZE	COLD PACK	ANTIBIOTIC CREAM	ANTI-ITCH CREAM	ALCOHOL SWAB	PREFERENCE
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

List each child individually and list any allergies and/or medical conditions pertaining to each child. If there are no allergies and/or medical conditions, write N/A.

CHILD'S NAME	ALLERGIES	MEDICAL CONDITION

Parent/Guardian's Signature: \_\_\_\_\_

*Printed Name*

*Signature*

*Date*



# FCA Authorization for Dispensing Medication 2025-2026 School Year

### PARENT'S AUTHORIZATION:

By signing below, I authorize the officers, employees, agents, or representatives of Faith Christian Academy to dispense the following medication to my child. The medication must be in its original container and labeled with the child's name and the date medication was provided to the school. Medication can only be administered in the amount stated in the label directions.

Child's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Printed Name

Signature

Date

### MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:				Dosage:	
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					

### MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:				Dosage:	
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					

### MEDICATION:

Medication to be Dispensed:					
Time(s) to be Administered:				Dosage:	
Period of Time to be Administered:		(date)	to		(date)
Possible Side Effects:					
Reason for Medication:					
Prescribing Physician:					
Physician Phone Number:					