

# Concordia Learning Center at St. Joseph's School for the Blind

761 Summit Avenue, Jersey City, NJ 07307

(201) 876-5432/ Fax (201) 876-5430

## Student Registration Checklist

**Student's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

<u>Form No.</u>	<u>Form Name</u>	<u>Date Recieved</u>	<u>Staff's Initials</u>	<u>Comments</u>
M-1	Annual Medical Review	_____	_____	_____
M-2	Prescription Medication Authorization to Administer	_____	_____	_____
M-3	Eye Examination Report	_____	_____	_____
M-4	Dental Examination	_____	_____	_____
M-5	Parental/Guardian Authorization	_____	_____	_____
M-6	Emergency Information	_____	_____	_____
M-7	Authorization for Emergency Treatment	_____	_____	_____
M-8	Student Medical Profile	_____	_____	_____