

Saad Education

*CNA School • Phlebotomy School • Certified Medical Assistant School
Continuing Education for Healthcare Professionals • Special Programs*

SAAD MEDICAL ASSISTANT COURSE INDIVIDUAL REGISTRATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SS NUMBER: _____

YEAR OF HIGH SCHOOL GRADUATION OR GED: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ANY MEDICAL DIAGNOSIS THAT MAY HINDER YOUR FULL PARTICIPATION IN CLASS
YES _____ No _____ (IF YES, MEDICAL RELEASE IS REQUIRED).

LIST ANY MEDICATIONS CURRENTLY TAKING _____

DATE: _____

STUDENT SIGNATURE: _____

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STUDENT ACKNOWLEDGEMENT SIGNATURE SHEET

By my signature below, I acknowledge that I have received a copy of **Saad MA School/Phlebotomy Class Welcome Packet** which includes the **General Information Sheet, Dress Code for Classroom Participation, General Code of Conduct**, and the **Saad CMA School Acknowledgment, Release and Indemnity Agreement**. I will familiarize myself with this information and attest that I **understand** and that I **agree to comply with these policies**.

I also understand that, if I have any questions or do not understand any provisions of this Welcome Packet, I should consult my instructor for answers or clarification.

By signing this statement, I acknowledge my complete understanding and acceptance of these terms.

STUDENT SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

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ACCELERATED MEDICAL ASSISTANT COURSE EMERGENCY INFORMATION

The information contained herein is confidential, will be used in case of an emergency situation and will only be maintained until conclusion of the MA Class.

Student Name		Social Security Number	
Emergency Contact Name		Emergency Contact Phone Number	Relationship
Emergency Contact Name		Emergency Contact Phone Number	Relationship
List Medications Currently Taking			
Medication		Dosage	When take
Medication		Dosage	When take
Medication		Dosage	When take
Medication		Dosage	When take
List any Illnesses (Asthma, Diabetes, Epilepsy, etc.) and the doctor's name treating you .			
Illness	Dr. Name		Phone Number
Illness	Dr. Name		Phone Number
Illness	Dr. Name		Phone Number
Illness	Dr. Name		Phone Number