

Shorewood Christian School

**Medical/Emergency Form
2016-2017**

Student's Name: _____ Grade Entering: _____

Address: _____
Street City State Zip

Birthdate: _____

Allergies, including drug reactions: _____

Regular medications: _____

Injuries, concussion, sprains, surgical operations (within the past two years): _____

Student's Physician: _____ Phone: _____

Insurance Coverage: _____ Group/Membership Number: _____

Father/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

E-Mail Address: _____

Mother/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

E-Mail Address: _____

PERSON/S TO NOTIFY IN EMERGENCIES, IF PARENTS/GUARDIANS CANNOT BE REACHED

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (Other than parents)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CONSENT FOR MEDICAL CARE AND TREATMENT OF STUDENT

I, _____ the natural parent/guardian of _____ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Signature of Parent/Guardian: _____ Date: _____

Student's Name: _____

PERMISSION FOR FIELD TRIPS, PE TRANSPORTATION & SPECIAL EVENTS

I, _____, the natural parent / guardian of _____, give permission for my child to leave the school grounds to attend field trips, PE at the Salvation Army Gym, or special events organized by Shorewood Christian School for the current school year. I understand my child will be transported to and from the event in a staff member or parent's car, or school van.

Signature of Parent/Guardian: _____ Date: _____

ASSUMPTION OF RISK

I am the natural parent / guardian of, _____, (hereinafter "my child").
Please print student's full name

I hereby give permission for my child to use the playground at Shorewood Christian School. In regard to the playground, I am aware of the risk of bodily injury, loss of limb, loss of sight, and even loss of life which may result from my child's use of the playground. I nonetheless accept and assume that risk. I realized that by signing this form I am relieving Shorewood Christian School from any responsibility or liability for any injury, no matter how serious or how caused, which may result as a consequence of my child's use of the playground.

Signature of Parent/Guardian: _____ Date: _____