

CALUMET CHRISTIAN SCHOOL

Emergency Information

School Year _____

Male Female Age _____ Grade _____ Birth date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ Email _____

Father's Name _____ Cell # _____ Work # _____

Address _____ Email _____

Mother's Name _____ Cell # _____ Work # _____

Address _____ Email _____

Student's cell phone # _____

In case of an emergency and the above cannot be reached, please contact:

Name _____ Cell # _____ Home # _____ Work # _____

Relationship to student _____ Email _____

Name _____ Cell # _____ Home # _____ Work # _____

Relationship to student _____ Email _____

Medications: Permission is granted for the following medications to be given to my child:

- One Two acetaminophen (325 mg) One Two acetaminophen (500 mg) Cough Drops
 Children's acetaminophen (child's weight _____) Do **not** give consent for any medication

Allergies/Health Problems: Please list any allergies or serious health problems that your child has.

Is the student currently on medication? Yes No If yes, please list; medication, dosage, frequency, side effects, and what condition it treats.

Please list insurance information.

Insured's Name: _____ Policy holder name: _____

Insurance Carrier: _____ Group # _____ Policy Number: _____ Insured # _____

Student's Doctor: _____ Phone #: _____

Address: _____

Student's Dentist: _____ Phone #: _____

Address: _____

Hospital Preference: _____ Location: _____

Signatures required on back—

- I grant permission for my child to take part in all school activities, including school sponsored athletic and educational trips away from the school, understanding that I will be notified before field trips occur.
- In the event that my child becomes ill or is injured under school supervision, I grant permission to the school authorities to seek appropriate medical attention. The school and its' staff will not be held liable for any expenses incurred in the treatment of injuries occurring while at school or on school sponsored activities.
- I agree that if, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached , I hereby authorize, appoint and empower the Administrator or his designee to furnish, on my behalf, such written or oral authorization as may be required. Further I release the Administrator or his designee, the governing board of the school, and Calumet Christian School, and Griffith Baptist Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- Any and all claims against the Calumet Christian School, and Griffith Baptist Church and its staff are hereby waived.

Signature of Parent/Guardian _____ Date _____

Authorization to Release

Should there be an emergency, such as a major fire, tornado or terrorist attack, your child may be required to remain in the care of the school until it is deemed safe by an Emergency Services authority that the student be released. At that point, students may be released only to properly authorized parents and/or designees. Therefore, please list as many names, (with local telephone numbers and addresses) as possible, for those persons to whom you would allow your child's release in the event of such an emergency. Be sure to notify those persons listed that you have authorized their supervision in case of an emergency. Also inform your children.

Please release my child to any of the persons listed below in case of an emergency and a parent cannot be reached.

No child will be released to the care of unauthorized persons.

Name _____ **Address** _____

Relationship _____ Home Phone _____ Cell Phone _____

Name _____ **Address** _____

Relationship _____ Home Phone _____ Cell Phone _____

Name _____ **Address** _____

Relationship _____ Home Phone _____ Cell Phone _____

Name _____ **Address** _____

Relationship _____ Home Phone _____ Cell Phone _____

Signature of Parent/Guardian _____

Date _____