



Last Name _____ First Name _____ Grade _____

Home Phone _____ DOB _____ Gender _____ Race _____

Home Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's Work Phone _____ Mother's Cell Phone _____ Father's Work Phone _____ Father's Cell Phone _____

Mother's Email Address _____ Father's Email Address _____

Emergency Contact if Parent not available

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Person to whom child may be released

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Allergies and other medical conditions:

____ Allergies ____ Asthma ____ Diabetes ____ Epilepsy ____ Heart Problems ____ Recurring Illness ____ Other

Is child on prescribed medication? ____ Yes ____ No

If yes, please give name of medications and reason _____

Specific needs, academic needs or modifications _____

Insurance Company _____ Phone _____

Name of Policy Holder _____ Policy Number _____ Group Number _____

Please sign below for the following to be administered as needed to your child for the 20__ - 20__ school year: Triple Antibiotic Ointment, Hydrocortisone Cream, Medi-Quick Antiseptic Spray, Vaseline Petroleum Jelly, and Oragel.

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Release Form

The undersigned, being the parent(s) or legal guardian(s) of _____, a minor, born on _____, understand that the minor child may participate in field trips, athletic events and shuttle transportation from time to time; therefore, I/we hereby authorize GRACE Christian School to arrange transportation for such field trips, athletic events and shuttle transportation.

In addition, I/we request and authorize GRACE Christian School, its teachers, instructional assistants, staff, adult volunteers, and agents thereof (1) to obtain medical or dental care for the aforementioned minor child, when, (a) in the judgement of said teachers, assistants, staff, volunteers or agents, such treatment is necessary for the minor child and (b) attempt(s) to reach me (us) have failed or in the judgment of said teachers, assistants, staff, volunteers, or agents, the need for treatment is so immediate that there is not time to make such attempts(s) and (2) to authorize any x-ray examinations, anesthetic, diagnosis, medical, dental or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of a physician, whether such diagnosis or required treatment is given to encourage said hospital and said physician to exercise their best judgement as to the requirements of such diagnosis and treatment in those instances when a parent or guardian of the minor is unavailable to provide consent to treatment.

Furthermore, I/we, jointly and severally, as parent(s) and legal guardian(s) of the minor child, hereby release, discharge, and agree to hold harmless and indemnify GRACE Christian School, its Board of Trustees, employees, volunteers, coaches, assistant coaches, and other agents, from any and all liability, actions, causes of action, costs, expenses, compensation, damages, claims or demands resulting from (1) the minor child participating in the field trips, athletic events and shuttle transportation, specifically to include any and all claims for personal injuries sustained while present or participating in said field trips, athletic events and shuttle transportation or while traveling to or from said field trips, athletic events and shuttle transportation sponsored by or in conjunction with GRACE Christian School, (2) decisions made in selecting medical or dental providers or in authorizing medical or dental treatment and (3) injuries or property damage resulting from treatment or transportation to and from any field trips, athletic events, shuttle transportation and/or facilities for the purpose of obtaining such treatment.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Additional Comments