CALUMET CHRISTIAN SCHOOL

Emergency and Health Information

School Year 2022/2023

☐ 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)

☐ Children's acetaminophen (child's weight_____)

☐ One ☐ Two ibuprofen (200 mg)

☐ Cough Drops

☐ Do **not** give consent for any medication

Allergies/Health Problems:

Does your child have any heart problems? ☐ Yes ☐ No

Have your child's eyes been tested by an eye doctor? ☐ Yes ☐ No

Does your child need to wear glasses in school? ☐ Yes ☐ No

Is the student currently on medication? ☐ Yes ☐ No

If yes, please list; medication, dosage, frequency, side effects, and what condition it treats.

_____

_____

Please list any surgeries your child has had.

_____

_____

Please list any allergies (seasonal or otherwise) or other health problems that your child has.

_____

_____

Would these prevent your child from participating in gym or recess? ☐ Yes ☐ No

Medical Information and Signatures required on back—

Please list medical and 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:_____

- 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

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. Be sure to notify those persons listed that you have authorized their supervision. Also inform your children. **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 _____

Signature of Parent/Guardian_____ Date_____