**Summer 2021 MEDICAL CONSENT & FIELD TRIP PERMISSION**

**STUDENT NAME**: **BIRTHDATE:**

Grade **next year**: 🔾 5 🔾 4 🔾 3 🔾 2 🔾 1 🔾 K5 🔾 K4

**FATHER NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail

Address:

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone

Father’s Employer:

**MOTHER NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail

Address:

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone

Mother’s Employer:

**EMERGENCY CONTACTS** *(In case of emergency or injury, if parents cannot be reached, notify):*

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_ Home #:

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_ Home #:

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_ Home #:

**HEALTH INFORMATION**: I hereby grant permission to Kingspoint Christian School to seek medical treatment for my child in the event such treatment is deemed necessary and for my child to be transported by an emergency vehicle to a medical facility for treatment.

Doctor: Phone #: Date of Last Physical:

Address:

Please check any of the following conditions that you feel might affect school performance or require special management at school (list details - especially note anything that is serious or may be life threatening):

🔿 Eyeglasses

🔿 Contact lenses

🔿 Hearing loss

🔿 Nose bleeds

🔿 Migraines

🔿 Drug allergies

🔿 Allergies (food/other)

🔿 Heart Disease

🔿 Rheumatic Fever

🔿 Epilepsy

🔿 Convulsions

🔿 Blood Disease

🔿 Kidney Disease

🔿 Diabetes

🔿 Chronic Disease(s)

Medications being taken:

We are no longer allowed to distribute Tylenol, Motrin/Advil, Tums/Rolaids, Benadryl Cream or the generic due to state regulations, unless you have a doctor’s note or prescription available to us and you supply the medication needed.

Does your child know how to swim? 🔿 Yes 🔿 No

Do you give permission for your student to swim in a public pool with lifeguard supervision and without the teacher in the pool and locker room? 🔿 Yes 🔿 No

PHOTOGRAPHS: I give permission to Kingspoint Christian School or an authorized studio to photograph our child(ren) for in-house pictures, snapshots of parties, and special events, for publicity**.** 🔿 Check if Decline

I hereby give permission for my child to participate in any and all field trips (including transportation to and from field trips) taken by Kingspoint Christian School. I have read the above medical policies and consent forms and understand and agree to their content.

Parent/Guardian Signature: Date: