

EMERGENCY INFORMATION 2019-20 (Please complete one form for each child enrolling.)

Student's First Name _____ MI _____ Last _____

Home address _____ City/Zip _____

Birthdate _____ Grade _____ Parent email _____

Father's name _____ Employer _____

Work phone _____ Cell _____

Mother's name _____ Employer _____

Work phone _____ Cell _____

Names of people authorized to pick up your child:

1) _____ 2) _____

Emergency contacts other than parents:

1) _____ Phone _____

2) _____ Phone _____



Transportation/daycare plans before & after school:

Mon. _____

Tues. _____

Wed. _____

Thurs. _____

Fri. _____

****If the above plans change, please inform the school office with a note immediately. If in question, the above schedule will be followed.**

I hereby grant permission for a doctor/dentist to administer emergency medical treatment if unable to contact a parent. I prefer:

Doctor _____ Phone _____ Dentist _____ Phone _____

And to be taken to (hospital) _____ Date of Last Tetanus _____

Allergies to food or medication _____ Chronic illness/Conditions _____

Medications currently taking _____

1. **a.Permission to Transport Child:** I give GCS staff/parents my permission to transport my child, _____, to _____ for emergency medical care or to _____ for emergency dental care or to the nearest available source of assistance.

Father's Signature

Mother's Signature

Date

b.Refusal to Grant Permission to Transport Child: I ***do not give*** GCS staff/parents my permission to transport my child, _____, for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child care facility to take the following actions:

Father's Signature

Mother's Signature

Date

2. Photographs: GCS has permission to use photos/snapshots/video images of my child(ren) in Gilead Christian publications, including the school website, Facebook, and in a newspaper for press releases and other school advertising. Yes _____ No _____

Father's Signature

Mother's Signature

Date

3. Field Trips: I hereby give permission for my child(ren) to participate in school-sponsored field trips. These may be distant and local and may be taken either by bus, car or on foot. The children will be under supervision of GCS staff members and parents. Staff members and parents will use every effort to ensure that children are properly seat belted whenever possible. I release Gilead Christian School staff members and parents from any/all liability that may be incurred as a result of these school-sponsored field trips.

Father's Signature

Mother's Signature

Date