

CALVARY CHRISTIAN SCHOOL HEALTH AND WAIVER FORM

All School Field Trips

General Information:

Student's Name _____ Birthdate _____ Age _____

Father's Name _____ Phone () _____

Mother's Name _____ Phone () _____

Home Address _____

Employer _____

In case of emergency and parents cannot be contacted, please call:

Relative: Name _____ Phone () _____

Neighbor: Name _____ Phone () _____

(One of these individuals should be available to pick up your child if necessary)

Health Information:

Insurance
Company _____ Policy# _____ Group# _____

Doctor's name _____ Phone () _____

Is student allergic to any drugs? ___ please specify _____

Does student have any allergies? ___ please specify _____

Date of last tetanus booster? _____

Does the student take any medications regularly _____

Are there any behavioral concerns? _____

Are there any activity restrictions? _____

In case of Injury or Illness, "I/we hereby give consent for hospitalization or medical treatment by a licensed medical doctor when deemed necessary for the welfare of the said minor. I understand every effort will be made to notify parents or guardian of student. In the event of an injury I will not hold Calvary Christian School liable. I acknowledge that I have read this form completely and understand the school policies."

PARENT'S SIGNATURE _____

Date: _____

PARENTS:

Please read, sign and date and return.