

RELEASE OF STUDENTS

As a child will not be released to anyone without the parent's permission, a parent must notify the school when someone other than themselves will be picking up their child. However, you may list someone below for full authorization and we will not need to be contacted each time.

Listed below are individuals that I authorize to pick up my child at any time from school during the Summer Program. I understand that the school will not need to contact me beforehand, and I will not hold the school responsible for the release of my child to this individual.

Name: Mr. Mrs. Ms. _____

Phone No.: _____ Relationship: _____

Name: Mr. Mrs. Ms. _____

Phone No.: _____ Relationship: _____

Parent/Guardian Signature _____

PHYSICAL EXAMINATIONS AND IMMUNIZATIONS REQUIRED

Requirement for school entry: (a) complete immunization history signed by child's physician
 (b) physical examination report (current within the last six months) signed by child's physician
 (c) lead screening – Preschool Only

Please provide the following information:

Child's Doctor: _____ Phone No. _____

Health Insurance Information

Insurance Carrier: _____ Policy #: _____

Subscriber: _____ Group #: _____

MEDICAL EMERGENCY INFORMATION

If parents cannot be contacted, list someone we can call to pick up your child.

▪**FIRST CHOICE** Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

▪**SECOND CHOICE** Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL ALERT

Please list any critical health conditions (such as **food/medicine allergies, health problems, medication used on a regular basis, dietary restrictions, etc.**) that our staff or another physician would need to be aware of in an emergency situation. Please provide any medical action plans that are needed.

ALLERGY	SYMPTOMS TO LOOK FOR	TREATMENT
MEDICAL CONDITIONS		
DIETARY RESTRICTIONS		
<input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify)		

** My child requires an EPI PEN ** My child requires a rescue inhaler

I give permission for sunscreen to be applied during the day 1-2 times. **Note:** Our staff cannot be liable for burns or allergic reactions; please help us by applying sunscreen in the morning.

I hereby give my permission for the Mount Hope Christian School staff to act on my behalf in the event I cannot be reached regarding a serious illness or injury to my child. I give them permission to secure any necessary medical care including CPR and First Aid when a delay would be dangerous in protecting the well-being of my child.

Parent/Guardian Signature: _____ Date: _____

Office use only: Date: _____ Amount _____ (online cash check # _____) Reg Fee FACTS Email