

GAARDE CHRISTIAN SCHOOL

2010/2011 REQUIRED Student Information Form

FIELD TRIP PERMISSION

In connection with the curriculum, students have a number of field trips scheduled during the year. Although such off-campus learning experiences are of real enjoyment to the students, it is to be realized that these experiences are designed primarily to enrich learning. I give my permission to Gaarde Christian School to take my child on all planned field trips for his/her class.

CHILD'S LEGAL NAME: _____ DATE: _____

(Please Print)

NAME CHILD USES IF DIFFERENT FROM ABOVE INCLUDING NICKNAMES

DATE OF BIRTH: _____ Male Female

TEACHER'S NAME *(If known)*: _____ CLASS/GRADE: _____

MEDICAL RELEASE

PHYSICIAN: _____ PHONE: _____
(Please Print)

PHYSICIAN ADDRESS: _____

DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____ PHONE: _____

AGENT NAME: _____ PHONE: _____

POLICY #/GROUP #: _____ PARENT/GUARDIAN: _____
(Please Print)

ALLERGIES: Food _____ Medicines _____
 Environmental _____ Other: _____
(If no allergies, please leave box(es) blank)

DOES YOUR CHILD HAVE A REACTION TO BEE STINGS? Yes No Unknown

CURRENT MEDICATIONS: _____

SERIOUS ILLNESSES/ACCIDENTS TO-DATE: _____

DATE OF LAST TETANUS IMMUNIZATION: _____

MEDICAL TREATMENT, TRANSPORTATION AND HOSPITAL AND/OR PHYSICIAN'S CARE

In case of an accident or serious illness, I request Gaarde Christian School to contact me. If the school is unable to reach me, I hereby authorize Gaarde Christian School permission 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. I consent to all medical and surgical treatment by the attending physician. I agree to accept responsibility for any financial indebtedness incurred due to the injury/illness.

PEOPLE AUTHORIZED TO PICK-UP CHILD LISTED ABOVE*

<u>NAME</u>	<u>PHONE #</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Note: If you send someone to pick up your child that is not listed above, your child will not be released.**

CHILD LIVES WITH: Mother Father Stepmother Stepfather Other _____

Mother's Name: _____

Father's Name: _____

Mother's Address: _____

Father's Address: _____

Mother's Home #: _____

Father's Home #: _____

Mother's Work #: _____

Father's Work #: _____

Mother's Employer: _____

Father's Employer: _____

E-mail: _____

E-mail: _____

Cell #: _____

Cell #: _____

_____ I do not give my permission for my phone number and address to be printed in the Gaarde Christian School Directory.

PERSON(S) TO CONTACT IF YOU ARE UNABLE TO BE REACHED:

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

Parent/Guardian, by signing below, you are acknowledging that you have read, understand, agree to and completed the necessary information required for the Field Trip Permission, Medical Release, and People Authorized to Pick-up Child, and that the information is current.

Parent/Guardian signature _____ Date _____