



CHRISTIAN HERITAGE SCHOOL

2010-2011 Emergency Information and Field Trip Release Form

Student's First Name		Student's Last Name	
Parent/Guardian Name		Home Phone	
Physical Address		City	State
Alternate Physical Address		City	State
Mother's Work Phone	Mother's Cell Phone	Father's Work Phone	Father's Cell Phone
In case of emergency and parent is not available, please contact:			
Name _____		Address _____ Phone _____	
Name _____		Address _____ Phone _____	
Student's Physician			Phone
Student's Dentist			Phone
Allergies and other medical conditions (please explain checked items below or, if necessary, use other side)			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	
	Other	<input type="checkbox"/> Heart Problems	
<input type="checkbox"/> Epilepsy			
Recurring illness			

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named student, I hereby give consent for the emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of parent/guardian: _____ Date: _____

FIELD TRIP RELEASE

I, the parent/guardian for _____ do agree that the student and I will follow the rules of Christian Heritage School. Recognizing the possibility of physical injury associated with participation in any school activity and sports, I hereby release, discharge and/or otherwise indemnify Christian Heritage School, it's affiliated programs and sponsors, their employees and associated volunteers against any claim by or on behalf of the student as a result of the student's participation in and/or being transported to or from the same, which transportation I hereby authorize.

Signature of parent/guardian: _____ Date: _____

