



Heritage Christian School -- 2018-19 Student Record/Emergency Form

Parents Name	Address
--------------	---------

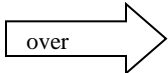
Home PhoneCell # - Mother FatherWork # - Mother FatherEmail: Mother Father

Persons Permitted to Pick Up: Mother: Yes _____ No _____ Father: Yes _____ No _____

Others NOT permitted _____

Other Contacts for Emergency & Permitted to Pick-up Children: Name / Relationship/ Phone/ Cell #

1. _____
2. _____
3. _____

STUDENT INFORMATIONName Grade DOBMedications AllergiesMedical ConditionMedications Permitted (please check) Tylenol: Ibuprofen: OtherUpdated Immunizations since previous school yearDate of Last TetanusName Grade DOBMedications AllergiesMedical ConditionMedications Permitted (please check) Tylenol: Ibuprofen: OtherUpdated Immunizations since previous school year:Date of Last TetanusName Grade DOBMedications AllergiesMedical ConditionMedications Permitted (please check) Tylenol: Ibuprofen: OtherUpdated Immunizations since previous school yearDate of Last Tetanus

I, on behalf of the student(s) named on reverse side, recognize that they may require hospital or emergency care and do hereby voluntarily consent to:

1. Such hospital or emergency care encompassing diagnostic procedures or medical and/or surgical treatment by a physician or his assistants as is necessary in his judgment. I understand the physician will be a member of the medical staff of the nearest hospital. I acknowledge that no guarantees have been made to me as to the results of diagnostic procedures or medical and/or surgical treatment in the hospital.
2. The administration of such anesthetics as may be considered necessary or advisable as a result of diagnostic procedures or medical and/or surgical treatment.
3. The hospital to release information from the above mentioned student's medical record pertaining to this hospitalization as requested by either group hospital insurance plans or companies or Industrial Commission of Ohio, if applicable in this case.

I request that the above numbered paragraph(s) be deleted as I have specified below: (Enter any special instructions)

Please Note: Heritage will make every effort possible to contact you before treatment is given. This form will only be used in an emergency and if we cannot contact you or persons listed on other side.

INSURANCE RELEASE WAIVER

I understand that Heritage Christian School does not provide insurance to cover students while they are attending school or participating in sports or other school activities. It is our responsibility as parents to provide insurance coverage for our children through a private carrier.

Insurance Carrier & Group Number _____

I have read this form and authorize consent to remain valid until **May 31, 2019**.

Signature: Father _____ Mother _____
or Guardian _____

Family Physician & Phone: _____

Church attending _____