

MEDICAL RECORD AND FIELD TRIP CONSENT 2023-2024

STUDENT NAME: _____ BIRTHDATE: _____

Grade: 12 11 10 9 8 7 6 5 4 3 2 1 K5 K4

FATHER NAME: _____ E-mail: _____

Address: _____

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

Father's Employer: _____

MOTHER NAME: _____ E-mail: _____

Address: _____

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

Mother's Employer: _____

EMERGENCY CONTACTS (In case of emergency or injury, if parents cannot be reached, notify):

Name: _____ Relationship: _____ Cell #: _____ Home #: _____

Name: _____ Relationship: _____ Cell #: _____ Home #: _____

Name: _____ Relationship: _____ Cell #: _____ Home #: _____

HEALTH INFORMATION: I hereby grant permission to Kingspoint Christian School 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.

Doctor: _____ Phone #: _____ Date of Last Physical: _____

Address: _____

Please check any of the following conditions that you feel might affect school performance or require special management at school (list details – especially not anything that is serious or may be life threatening):

- o Eyeglasses _____ o Allergies (food/other) _____ o Kidney Disease _____
o Contact Lenses _____ o Heart Disease _____ o Diabetes _____
o Hearing Loss _____ o Rheumatic Fever _____ o Chronic Disease(s) _____
o Nose Bleeds _____ o Epilepsy _____
o Migraines _____ o Convulsions _____
o Drug Allergies _____ o Blood Disease _____

Medications being taken: _____

We are no longer allowed to distribute Tylenol, Motrin/Advil, Tums/Roloids, Benadryl Cream or the generic due to state regulations, unless you have a doctor's note or prescription available to us and you supply the medication needed.

I hereby give permission for my child to participate in all field trips (including transportation to and from field trips) taken by Kingspoint Christian School. I have read the above medical policies and consent forms and understand and agree to their content.

Parent/Guardian Signature _____ Date _____