



# CROSSROADS CHRISTIAN SCHOOL

## Student Emergency Information & Annual Release

This form will be on file with the school office for the current school year. It provides CCS with permission for school-sponsored trips and provides information about the student in case of emergencies.

Name of Student \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle) Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

List two neighbors or relatives who can assume temporary care of your child if you cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Serious Health Condition(s): \_\_\_\_\_

List any medications taken daily or medications needed in a medical emergency

### Important Medical Conditions

(check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hearing Problems       |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Bleeding Disorders     |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Orthopedic Problems    |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Vision Problems     | <input type="checkbox"/> Allergies (list) _____ |

In case of a medical emergency, CCS has permission to call 911 or take appropriate action.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# Student Emergency Information & Annual Release (cont.)

Name of Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

*Please attach a copy (front and back) of the insurance card to this form in the space below:*

## Annual Release: Sports & School-Sponsored Trips

*Note:* An additional Permission to Participate form will be sent home prior to each off-site trip.

I give permission for my child, \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the teacher more than a day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-site trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Crossroads Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/ guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
Father/Guardian's signature and date

\_\_\_\_\_  
Mother/Guardian's signature and date

Name printed \_\_\_\_\_

Name printed \_\_\_\_\_

*If the child lives with both parents, the release must be signed by both parents/guardians*