



NORTHSIDE CHRISTIAN SCHOOL

WINNING OUR WORLD ONE STUDENT, ONE FAMILY, ONE COMMUNITY AT A TIME

Medical Release/Family Policy 2010 - 2011

Student Information

Legal Name	Goes by	SS#	Date of Birth	Grade	Gender
Student Cell Phone	Student Email Address	Church Attends			

Family Information

Father	Legal Guardian?	Lives with?	Address	Phone
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Cell Phone	Work Phone	Email Address		
Mother	Legal Guardian?	Lives with?	Address	Phone
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Cell Phone	Work Phone	Email Address		
Other (Specify Relationship)	Address		Phone	
Cell Phone	Work Phone	Email Address		

Emergency Contact Information (other than parent)

Name	Phone	Cell Phone	Alt Phone
Name	Phone	Cell Phone	Alt Phone

Medical Information

Physician Name	Physician Phone	Dentist Name	Dentist Phone
Insurance Company & Phone	Policy #	Hospital Preference	

MEDICAL RELEASE INFORMATION

By signing this form I acknowledge my understanding of the following:

1. I give consent for my child to participate in the School Health Services Program. This program includes emergency care, health appraisal at school and monitoring for communicable diseases.
2. I am aware that in order for my child to receive any medication at school, I must provide an Administration of Medication form signed by myself and my child's doctor each school year. All medications must be brought to school by an adult and I will provide one medication per form.
3. In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact those I have specified as emergency contacts. In the event my emergency contacts cannot be reached, the school may take whatever measures are necessary to provide care and treatment for my child. When necessary, and in the event that I or any emergency contact I have specified cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room. I understand and agree that I will be responsible for any emergency medical service costs.
4. I affirm the student is in good health and physically able to compete in extracurricular and field trip activities and has had no past illness or injuries that would prevent him/her from participating in school-related activities.

Please circle any conditions that apply to your child.

Asthma/breathing problem	ADD/ADHD
Bladder problems	Bleeding problems
Bone/joint problems	Bowel problems
Cancer	Cystic fibrosis
Dental problems	Diabetes
Epilepsy/seizures	Headaches (severe)
Heart problems	Kidney problems
Mental health problems	Nosebleeds (frequent)

Other: _____

In your opinion, might any of the problems circled above, or any other medical condition your child has, affect his/her school performance, program or ability to participate in a regular physical education program? If yes, please explain:

Please list **allergies** and **reactions** and rate the severity of each:

Insect stings/bites _____

Food/plants/other _____

Medicines _____

If your child has asthma, has it been diagnosed by a doctor?

If yes, what treatment has been prescribed? Inhaler _____

Nebulizer _____ Other (specify) _____

Will your child be taking any medicines at school (either prescription or over-the-counter)?

FAMILY DIRECTORY

- By checking this box, I give my consent to publish my email, home address, and phone number in the school directory.

SCHOOL ACTIVITIES PARTICIPATION AGREEMENT

This permission to participate in school related activities such as athletics, fine arts, and field trips with Northside Christian School is entirely voluntary. We also agree to abide by all rules as established by the School Board of Northside Christian School, the State Associations, and NCS Administration.

The School Board and Administration of Northside Christian School desire that students and parents/guardians thoroughly understand the implications of a student participating in voluntary extracurricular activities. It is required that each parent/guardian read, understand, and sign this agreement prior to the student being allowed to participate in any form of extracurricular and field trip activities.

1. I, the undersigned, as parent/guardian, give my consent for my student to engage in extracurricular and field trip activities as a representative of NCS.
2. I will not hold the School Board of Northside Christian School, anyone acting in its behalf, or the Florida High School Activities Association responsible or liable for any injury occurring to my student in the course of such activities or such travel.
3. I understand that no portion of the insurance premium for the student identified herein is to be paid from school funds.
4. I understand no insurance claims for injuries received while participating in school extracurricular and field trip activities will be processed by the school.
5. I hereby accept financial responsibility for equipment lost or damaged by my student.
6. I accept full responsibility and hereby grant permission for my student to travel on any school related trip by bus. This statement remains in effect unless cancelled by me in writing to the school.
7. I, the undersigned parent or guardian, hereby agree to provide insurance coverage for the student as indicated: Check one or more boxes, as appropriate:
 - Basic 24-hour student insurance available through the local school for the current school year. (Does not cover football, but does include other sport activities.)
 - Supplemental senior high football insurance coverage. (This covers the athlete for football only.)
 - We are not interested in the school insurance coverage. We will assume all liability and responsibility for injuries received by said student.
8. Signature indicates approval to use any photograph or video taken of the student, by the school, while at school or a school related function, in the school's promotional material.

FAMILY COMMITMENT

By signing this form, I acknowledge my commitment to accept teacher and administrative authority; support the Christian philosophy of education as taught at NCS; support the Statement of Faith; read the handbook and cooperate fully in seeing that these rules and regulations are met. It is understood that these policies apply to student behavior both on and off campus as long as he/she is enrolled. I agree to give beyond our tuition as God leads; attend parent meetings and lend support to NCS programs; volunteer time and assistance, as able, when requested; read the usage agreement for InfoDirect; make every attempt to resolve differences of opinion with the person involved - when that is not possible, I will go to his/her supervisor. I will not make demands, threaten to sue, or actually litigate any matter. I will resolve differences by means of arbitration as outlined in the student/parent handbook.

Signature of both parents preferred; one will be accepted.

_____ Date: _____

_____ Date: _____