

IN CASE OF AN EMERGENCY (Other than those listed previously):

Name Phone Number Relationship Authorized to pick up? Y N

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PICK-UP AUTHORIZATION (Other than those listed above):

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

MEDICAL & INSURANCE INFORMATION:

Physician Telephone Number

Medical Insurance Name Policy Holder Name Medical Group/Policy Number

FIELD TRIP AND MEDICAL RELEASE:

I hereby certify that my child has permission to participate in all school sponsored activities on or off school premises. Morning Star Christian School has permission to transport my child with an authorized driver. It is understood that participants and their parents assume risk of loss, sickness, or injury resulting from these activities.

I hereby authorize any member of the staff of Morning Star Christian School or approved volunteers to administer first aid as required for illness or injury or consent to emergency medical treatment as deemed necessary by medical personnel including ambulance service or transport for my child. I understand that every effort will be made to contact the parent or legal guardian at the time that my child needs emergency care.

This authorization is effective for the 20__ - 20__ school year.

Parent/Guardian Signature Date

PHOTO/VIDEO RELEASE FORM:

I hereby give permission for images of my child, captured during regular and special Morning Star Christian School activities through video, photo and digital camera, to be used solely for the purposes of MSCS promotional material, publications, MSCS website, including television exposure and/or advertising, and waive any rights of compensation or ownership thereto.

Parent/Guardian Signature Date

For Office Use Only:

Application Received Date: _____ Application Fee: _____ Immunization Record: _____ Birth Certificate: _____

Medical Release Form: _____ Family Release Form: _____ Teacher: _____ Before Care: _____ After Care: _____