



# FAITH FELLOWSHIP SCHOOL

Establishing the kingdom of God with a new generation

## Emergency Contact and Medical Information for a Child

_____		_____		M   F
Child's Name		Date of Birth		Sex
_____		_____		
Parent's/Guardian's Name		Parent's/Guardian's Name		
(   )	(   )	(   )	(   )	
_____		_____		
Home Phone	Work Phone	Home Phone	Work Phone	
_____		_____		
Address		Address		
_____		_____		
City, ST ZIP Code		City, ST ZIP Code		

## Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
(   )	(   )	(   )	(   )
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

## Medical Information

\_\_\_\_\_

Hospital/Clinic Preference

\_\_\_\_\_

Physician's Name

\_\_\_\_\_

Phone Number

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Insurance Company

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Policy Number

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Food Allergies

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Medication Allergies

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Outdoor Allergies

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Other Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date

I give permission for my child to go on field trips. I release Faith Fellowship School and individuals from liability in case of accident during activities related to Faith fellowship School, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

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Witness Signature

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Date

## Student Release

### **People Authorized to Pick Up Students Daily or at the End of the School Day:**

I, the undersigned, as parent(s) or guardian(s), authorize the following person(s) to pick up my child \_\_\_\_\_ from Faith Fellowship School premises.

Student's Name

Name	Phone	Relationship with the student

**People NOT Authorized to Pick Up Students:**

I, the undersigned, as parent(s) or guardian(s), do not authorize the following person(s) to pick up my child \_\_\_\_\_ from Faith Fellowship School premises.

Student's Name

Name	Phone	Relationship with the student

**NOTE:**

**A student will not be released to anyone not authorized in this form. Proper form of identification will be required to release a child for pick up to other person(s) than parent(s) or guardian(s). To deviate from this form once the school year is in session, a written, well documented and signed letter from parent(s) or guardian(s) will be required. The school personnel will not release any student to anyone without proper authorization from the parent(s) or guardian(s) and without proper identification. Please, make sure you abide to this rule. There will be NO exceptions. Thanks.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date