

Mayflower Heritage Christian School

Student Emergency Information and Liability Release – 2011-2012
(For you child's safety this form must be completed entirely for each student)

Students Last Name	First Name	Middle Name	Nickname	Grade	Birthday
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Home Address

City, State, Zip **Primary Phone** for contact or emergencies

Name of Custodial Parent or guardian if applicable

IMPORTANT PHONE NUMBERS – include area code	Parent Work Information
Home phone	Mother/guardian Name:
Cell (mother)	Workplace:
Cell (father)	Workplace Address:
Cell (other)	City, State, Zip
Work (mother)	Father/guardian Name:
Work (father)	Workplace:
Siblings (list name, age, school)	Workplace Address:
Siblings cont.	City, State, Zip

Name of local persons to contact if parents are not available (two required)

Name	Relation	Name	Relation
Address		Address	
City, State, Zip		City, State, Zip	
Phones-Home	Work	Cell	Phones-Home
			Work
			Cell

HEALTH INFORMATION

Child's Physician	Phone	Does your child have any unusual health conditions or allergies? <input type="checkbox"/> yes <input type="checkbox"/> no
Child's Dentist	Phone	If yes, please indicate: Regular Medications:
Insurance Company		
Group #		

AUTHORIZATION FOR MEDICAL TREATMENT AND LIABILITY RELEASE

YOUR SIGNATURE BELOW INDICATES AGREEMENT WITH THE FOLLOWING:

I do hereby give permission and/or consent to the staff of Mayflower Heritage Christian School to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of MHCS. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. I give permission for Mayflower Heritage Christian School to communicate with physician, paramedic, or hospital regarding my child. For the safety of your child, this information will be shared with faculty and office staff. Every effort will be made to keep this information confidential.

I hereby give my permission for my child to participate in the Mayflower Heritage Christian School recess & physical education class, and field trips, and absolve MHCS of liability in case of accident, except to the extent of applicable insurance, and waive any and all claims, demands, and causes of action relating to such activities. I understand that without my signed permission and release of liability, my child cannot participate in these activities.

I hereby give my child permission to go on field trips and absolve Mayflower Heritage Christian School of any and all liability in case of accident.

Parent Signature: _____ Date: _____