



CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

Student Emergency Information & Annual Release All Students

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

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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
Name printed _____

Mother/Guardian's signature and date
Name printed _____

Must be signed by all legal guardians.