



CHILD'S NAME: _____ **BIRTH DATE:** ____ / ____ / ____

PERMISSION & LIABILITY WAIVER:

The above named student is in good health and is allowed to fully participate in all 2018 Shannon Forest Christian School (SFCS) summer offerings and activities. All relevant health concerns or conditions have been stated below on this form. In the event of an emergency or sudden illness or injury, I, as parent or legal guardian, do hereby authorize the Shannon Forest staff, administrators or agents to take the necessary steps on my behalf to obtain medical care including but not limited to the following: (1) attempting to contact me at the telephone numbers provided on this form or to contact such other persons as may be designated as an emergency contact below; (2) attempting to contact any physician designated on this form; (3) if such contact cannot be reasonably made, and/or if deemed necessary, in SFCS's sole discretion, SFCS's staff, administrators or agent are authorized to proceed to procure medical treatment, including execution of any and all documents, including medical releases, as may be required by any medical facility or physician to perform necessary medical care on my behalf. I guarantee that my medical insurance or myself will be responsible for all charges for such medical services. I agree to hold harmless SFCS and all of its employees, officers, agents, directors, and volunteers from all liability for any personal injuries or property damage arising out of or related to the above named student's participation in the referenced summer offerings and activities and the providing of medical care as provided herein.

SIGNATURE: _____ **RELATIONSHIP:** _____ **DATE:** ____ / ____ / ____

PARENT INFORMATION:

PARENT/GUARDIAN: _____ **EMAIL:** _____

HOME: (____) _____ - _____ **WORK:** (____) _____ - _____ **CELL:** (____) _____ - _____

PARENT/GUARDIAN: _____ **EMAIL:** _____

HOME: (____) _____ - _____ **WORK:** (____) _____ - _____ **CELL:** (____) _____ - _____

In the event that a parent cannot be reached, please list relatives/friends: (VERY IMPORTANT)

NAME: _____ **HOME:** (____) _____ - _____ **WORK:** (____) _____ - _____ **CELL:** (____) _____ - _____

NAME: _____ **HOME:** (____) _____ - _____ **WORK:** (____) _____ - _____ **CELL:** (____) _____ - _____

SIGNIFICANT MEDICAL INFORMATION:

FAMILY PHYSICIAN: _____ **PHONE:** (____) _____ - _____

DENTIST: _____ **PHONE:** (____) _____ - _____

HEALTH INSURANCE CO.: _____ **POLICY #:** _____ **HOLDER:** _____

HOSPITAL PREFERENCE: _____ **CHRONIC CONDITIONS:** _____

ALLERGIES OR OTHER RELEVANT MEDICAL CONDITIONS (ATTACH SEPARATE SHEET): _____

DATE OF LAST TETANUS SHOT OR CURRENT? _____ **CONTACT LENSES?** _____ **ASTHMA INHALER?** _____

CURRENT MEDICATION: _____

FOR SPORTS CAMPS ONLY - Attach the student's most recent Sports Physical.

PHOTOGRAPHY PERMISSION

We occasionally use photos of summer program activities (without students' names listed) for publicity. Please initial here if we have your permission to use photos of your child. _____ If you DO NOT want photos of your child used, you must attach a recent photo of your child with written instruction to that effect. You can write NO PHOTO ALLOWED on the back with your initials.