



CALVARY CHRISTIAN SCHOOL



PERSONAL DATA AND EMERGENCY INFORMATION FORM

Full Name of Pupil: _____ Grade: _____ DOB: _____
Last First Middle

Address: _____ Medication Allergies: _____

City/State: _____ Zip Code: _____ Environmental Allergies: _____

Home Phone: () _____

Wears glasses? Yes ___ No ___ Wears Contacts? Yes ___ No ___ Asthma? Yes ___ No ___

Other Prosthetic Devices? If yes, please list: _____

Physician's Name: _____ Physician's Phone: _____

Preferred Hospital: _____ Hospital Phone: _____

Dentist Name: _____ Dentist Phone: _____

TO PARENT OR GUARDIAN: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information:

Mom's Name: _____ Dad's Name: _____

Home Address: _____

Work Phone: () _____ Cell: () _____ Work Phone: () _____ Cell: () _____

Mom's Employer: _____ Email: _____

Dad's Employer: _____ Email: _____

If you cannot be reached, please list persons authorized to pick up your child in case of emergency or illness. This person will only be contacted if neither the student's mom or dad can be reached at any of their provided telephone numbers. This person will be required to present proof of identification:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

In case of emergency and neither parent nor the two people listed above can be contacted, I give permission for my child to be transported via ambulance to whatever local hospital deemed necessary for treatment.

Parent/Guardian Signature: _____ Date: _____

Does your child currently have any of the following conditions?

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Medication Allergies |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Reactive Airway Disease (RAD) |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Congenital Heart Problem | <input type="checkbox"/> Hives | |

Has your child ever been diagnosed with or treated for any of the above listed health problems? If so, please list:

Please list any other diseases, illnesses or problems which apply to your child not already mentioned above:

Does your child take any over-the-counter or prescription medications on a regular, daily, as-needed, or seasonal basis? If so, please list (include pills, tablets, capsules, liquids, inhalers, nebulizers, nasal sprays and injections; whether taken at home or at school:

NOTE: CCS does not provide voluntary medical insurance coverage for students. Should a student become injured on the premises or during a school-sponsored event, the student's family insurance is the primary carrier.

EMERGENCY INFORMATION AND TREATMENT RELEASE FORM

TO PARENT(S) OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS either at school, on a field trip, or any school sponsored activity, it is necessary that we have this release form signed.

I, the undersigned, do hereby authorize staff of Calvary Christian School to contact directly the persons named on this PERSONAL DATA FORM and do authorize medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further authorize staff of Calvary Christian School to release any medical information they deem necessary to the care of my child by medical personnel in the event of an emergency.

In the event parents or guardians named on this PERSONAL DATA FORM cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

I will not hold Calvary Christian School financially responsible for emergency care and/or transportation for said child.

Student Name: _____

Grade: _____

Signature of Parent or Guardian

Date

**B**

CALVARY CHRISTIAN SCHOOL PERMISSION TO ADMINISTER MEDICATION

Student Name: _____ Grade: _____ School Year: _____

Birthdate: _____ Age: _____ Allergies to Medication? _____ Yes _____ No

If yes, please list _____ Epi-Pen? _____ Asthma? _____

Medication Name <i>(CIRCLE or CHECK below all medications which you give us permission to administer to your child.)</i>	Medication Form	As needed, as recommended on package for age, for symptoms of: <i>(CIRCLE or CHECK all that apply)</i>
Acetaminophen (Generic for Tylenol)	Liquid or tablets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Ibuprofen (Generic for Advil or Motrin)	Liquid, tablets, or caplets	Pain, headache, fever, cramps, stomach ache, oral pain, or body aches
Guaifenesin & Dextromethorphan (Generic for Robitussin DM)	Liquid	Cough
Diphenhydramine HCl (Generic for Benadryl)	Liquid, capsule, or caplets	Allergic reaction, hives, itching rash, sneezing, or other allergy symptoms
Pseudoephedrine HCl (Generic for Sudafed)	Liquid, tablets, or caplets	Nasal and/or sinus congestion, sinusitis, hay fever, or other upper respiratory allergies
Cough Drops (Any over the counter brand)	Cough drop	Cough, sore or irritated throat
Calcium Carbonate Antacid (Generic for Tums)	Chewable tablets	Upset stomach, indigestion, or heartburn
Hydrocortisone Cream (0.5% - 1% Anti-itch cream)	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation
Calamine/Caladryl Lotion	Topically (to skin)	Skin rash, itching, redness, hives, or skin irritation

In signing this form, I acknowledge that I give permission for the above prescription and/or over the counter medications to be administered to my child as indicated; I further acknowledge that I release Calvary Christian School and its staff members/employees from any liability of any nature that might result from the administration of medication to my student.

If a student comes to the nurse's office three consecutive days requesting the same medication, a phone call will be placed to the parent/guardian before any medication is given.

Signature of Parent or Guardian: _____

Date: _____



HOMEROOM PARENT (Preschool – 6th Grade)

Very often we have parents who express an interest and desire to help in classroom activities during the school year. We count it a real privilege to work with you and we truly appreciate your invaluable assistance and help in so many areas. During the year we have a number of parties, projects, outings and special activity days, for which we need the help of party planners, coordinators, chaperones, drivers, etc.

Please Note: Classroom parties are for the enjoyment of the classroom students, teacher, and attending parents. For that reason, younger siblings attending any classroom party are asked to be well-behaved and under the direct supervision of the parent. The principal and teachers have the option of requesting that no younger siblings attend a classroom party due to the various nature of a said activity.

If you have the time and would be interested in serving as a room parent, we would appreciate your involvement with us this school year. We understand, of course, that family, job and other obligations sometimes prohibit parents' participation. We do appreciate not only your practical help, but also your prayer support.

Please look over the list below and check the space that indicates what you would like to do:

- I can serve as head room parent
- I can serve as room parent – assist head room parent
- I could help furnish refreshments
- I could provide supplies such as paper plates, napkins, etc.
- I could be a chaperone on field trips
- I can not participate in any of the above activities, but I will be with you in spirit.

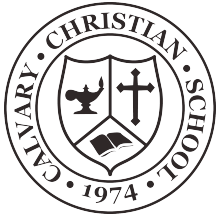
Parent's Name (print) _____

Child's Name _____ Grade _____ Teacher _____

Home Phone _____ Cell Phone _____

Email Address _____

Thank you for giving of your valuable time and willingness to help. We consider it such a privilege to work with you and your child.



Calvary Christian School

5955 Taylor Mill Road
Covington, KY 41015

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PHOTOGRAPH PERMISSION FORM 2017-2018

During the school year, Calvary Christian School and media representatives may want to interview, photograph, or videotape your child(ren) for use in publications, television reports, school website pages, social media, and public presentations or live stream of school events. The pictures may be of groups of students or individuals, and the students' name may be used.

NOTE: *CCS is not responsible for pictures posted by parents on social media!*

Please complete the section below and return the form to the office.

_____ I give permission for my child to be photographed, interviewed and permission to have my child's name used.

_____ I give permission for my child to be on live stream video during school events.

_____ I ***do not*** give permission for my child to be photographed, to be on live stream video during events, or interviewed and I do not want my child's name used on any publications. (*Please attach a picture of your child to this form.*)

Note: This does not include yearbook.

Student's Name (Print)

Teacher/Grade

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian