



Does the student suffer from any allergic reactions to:  Penicillin  Bee or Wasp Sting  Mosquito Bites  Foods  Other

Please specify child's allergy: \_\_\_\_\_

Will treatment or medication be administered at school?  Yes  No If a child requires medicine to be given in school, a parent must request in writing that the medicine be given, and it must be in the original container with the dosage directions on the label. Twice a day medicines should be given at home, with doses spaced as close to 12 hours apart as possible. Three times a day medicines should be given at home in the morning, after school, and at bedtime. Medicine that is not in the original container (such as a plastic bag) cannot be administered in school.

Does your child use specialized equipment for health?  Yes  No If yes explain: \_\_\_\_\_

Does student have any physical challenges?  Yes  No If yes explain: \_\_\_\_\_

List 3 emergency Contacts:

Name	Relationship to Child	Contact Number
1.		
2.		
3.		

In the event of an emergency, what hospital would you like your child to be transported to?

\_\_\_\_\_

**Photo Agreement**

I grant permission for my child to be included in any photos the school may use for the school newsletters, school yearbook, school web page, school advertisement, school promotions, etc.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

**Medical and Liability Release Information**

Student Name \_\_\_\_\_

In the event that I (we) cannot be reached in the event of an event or an emergency regarding the above name student, while said student is in the care of Christ Trinity Christian Academy and/or its official agents; I (we) hereby give consent for emergency medical care to be administered and/or arranged by Christ Trinity Christian Academy.

I (we) do hereby release and discharge Christ Trinity Christian Academy and its official agents from any and all claims, demands, actions, or course of action, past, present or future, arising out of any damage or injury to named student while participating in school sanctioned activities. This release applies to both custodial and noncustodial parents holding both parties in agreement. By signing this release, you acknowledge that both parties are in agreement.

Signature(s) of Student's Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Father's printed name

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Mother's printed name

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date:

**\*Special Note about giving medicine to students:**

If your child takes medicine on a regular basis or in the event of an illness needs to take any type of medication----Please bring the medicine directly to the office and DO NOT send medication to school with a child. Upon arrival to the office, you will check the medicine in and sign the 'Permission to Administer Medicine Form'.

## Student School Release Form

Student Name: \_\_\_\_\_ Pre-School Grade Level:  Toddler  Pre-K 2  Pre-K 3  Pre-K 4  
 Elementary Grade Level:  K-5  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Sibling(s) attending CTCA: (1) \_\_\_\_\_ (2) \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Contact ( ) \_\_\_\_\_ Home Contact ( ) \_\_\_\_\_

Work Contact ( ) \_\_\_\_\_ Work Contact ( ) \_\_\_\_\_

Cellular ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

I (we) understand that by adding persons to the list below, I (we) authorize any person listed to pick up my child(ren) upon submitting proper identification to the school. I (we) also acknowledge that persons listed below will be contacted in the event of an emergency or when the parent(s) of the said child(ren) cannot be reached.

Authorized Person's Name	Relationship to Child	Contact Number 1	Contact Number 2
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

### \*Special Note

Christ Trinity Christian Academy will not become involved in domestic disputes. If either parent has been prohibited by a court having jurisdiction over the parties, from picking the child up from school, it is the responsibility of the custodial parent to furnish the school with an attested copy of the court order making this prohibited. The Court order will be retained in the school office files. Without such court order, either parent shall be deemed by the school as being a proper person for school personnel to surrender custody of the child to leave the school premises. This assumption is predicated upon both parents having been designated on the authorization list provided, at the time the child was enrolled.

Additional Notes regarding authorization to release the said child(ren): \_\_\_\_\_

Father Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_