

**\*IF THERE HAVE BEEN ANY CHANGES TO YOUR DEMOGRAPHICS, PLEASE CHECK THE BOX SO THAT THE APPROPRIATE UPDATES CAN BE MADE IN OUR SYSTEM.**

Student's Last Name: \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ If parents are separated, with whom does the child reside? \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Father's Mobile \_\_\_\_\_ Mother's Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_

CCS Siblings/Grade \_\_\_\_\_ Other Siblings/Age \_\_\_\_\_

Name of Child Care \_\_\_\_\_ Phone \_\_\_\_\_

Name of person to call if parents cannot be reached \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (must be accessible) \_\_\_\_\_ Address \_\_\_\_\_

Is this person authorized to take student from school? Yes \_\_\_ No \_\_\_ List **ALL** other adults who may take student from school:

Name	Relationship	Address	City	Telephone

**Emergency and Medical Information**

Permission to Treat: Yes \_\_\_ No \_\_\_

Allergies: Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

**Existing Medical Condition(s):**

\_\_\_ Asthma \_\_\_ Recurring Illness \_\_\_ Diabetes \_\_\_ Cardiac \_\_\_ Epilepsy \_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

**Emergency Contacts (other than parent/guardian):**

Name	Relationship	Address	City	Telephone

**Consent for Emergency Medical Care**

Parents are contacted first in case of illness or accident. In cases of extreme emergency or life threatening situations, Conway Christian School is authorized to obtain medical treatment at a **local** hospital/doctor on our behalf until parental/guardian arrival at \_\_\_\_\_ hospital.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We \_\_\_\_\_ (Mother/Father/Guardian) of above named child do hereby request and give consent to the principal of the school or his/her duly appointed representative for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the principal or his/her duly appointed representative to transport said child for emergency medical treatment if the parents cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Conway Christian School  
Liability Waiver

Student Name \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_

The undersigned by his/her signature herein affixed does acknowledge that the trip involves some element of risk and that, accordingly in consideration for the undersigned waiving his/her claim against Conway Christian School, faculty and staff, the undersigned parent/guardian authorizes their child’s participation in this trip. By engaging in this activity, the undersigned acknowledges that he/she assumes the element of inherent risk and in consideration for being allowed to engage in this activity agrees to indemnity and holds the school, faculty, and staff harmless of any liability for personal injury or property damage caused by participation in this activity. Further, the undersigned agrees to indemnity and holds harmless from any and all legal costs incurred including, but not limited to actual attorney fees that the school, faculty and staff may suffer by any action of claim brought against them by anyone as a result of the undersigned’s use of such facility. I willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the school, faculty or staff immediately. I agree that I have read the preceding and fully understand the conditions. I am 18 years or older.

Participant/Student Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parents are responsible for obtaining a student insurance form from CCS if their child is in a school related accident. (See page 11 in the student handbook.)