
Emergency Medical Statistics:**I. Medic Alert: (i.e.: diabetes; epilepsy; allergies to medications):**

1. _____
2. Current medication being taken: _____

II. Emergency Contacts: (Other than Parent):

- | | Name: | Phone: | Address: | Relationship: |
|----|-------|--------|----------|---------------|
| 1. | () | | | |
| 2. | () | | | |
| 3. | () | | | |

III. Physician:

- | | Name: | Phone: | Address: |
|----|-------|--------|----------|
| 1. | () | | |

Is your signature on file with this physician authorizing him to give emergency care in your absence? Yes: No:

IV. Permission for treatment:

I hereby give my consent for _____ to receive emergency medical treatment as may be considered necessary in the opinion of the attending physician or paramedics.

Signature of Both Parents:

FATHER/STEPFATHER/LEGAL GUARDIAN

MOTHER/STEPMOTHER

Statement of Faith:

I have read, understand, and agree wholeheartedly with the Statement of Faith.

Father:
Yes: No:

Mother:
Yes: No:

Commitment to Grace Christian Elementary School:

I am committed to support the policies and personnel of Grace Christian Schools. I will speak positively of the school and if I have concerns or questions, will direct them to the appropriate individuals.

Father:
Yes: No:

Mother:
Yes: No:

I hereby give my consent to the following:

1. My child may go on field trips and other school-sponsored activities.
2. The administration has full discretion in the classroom discipline of my child, in accord with School Board Policy.
3. The administration has full authority for grade or section placement.
4. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.

Signature of Both Parents:

FATHER/STEPFATHER/LEGAL GUARDIAN

MOTHER/STEPMOTHER