

2020 SUMMER RECREATION EMERGENCY INFORMATION

****Harvest Christian School students:** Complete line #1 only, sign, and update information below, if needed.**

Non-Harvest Christian School students: Check box and complete entire form, both sides.+++

#1

Student's Name (Last, First, Middle) _____ Sex _____ Birth Date _____ Grade Entering _____

Student's Address _____ Street _____ City _____ Zip _____ Home Phone _____ Cell Number _____

Father's Name () In Home _____ Marital Status _____ Work Phone _____ Cell Number _____

Mother's Name () In Home _____ Marital Status _____ Work Phone _____ Cell Number _____

Step-Parent () In Home _____ Marital Status _____ Work Phone _____ Cell Number _____

Father's email address: _____ Mother's email address: _____

Name of Doctor _____ Phone _____

Name two people with whom your child could be left if unable to contact parent of child (local please):

Name _____ Relationship _____ Phone _____ Cell Number _____

Name _____ Relationship _____ Phone _____ Cell Number _____

Do you have any Child Custody/Visitation issues? () Yes () No

AUTHORIZATION FOR TREATMENT OF A MINOR

I/We the parents of _____ do hereby authorize Harvest Christian School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment, or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. Authorization is hereby given to Harvest Christian School personnel to administer First-Aid Treatment during activities or to call the Paramedics or Rescue Squad, as deemed necessary pursuant to the provisions of section 25.8 of the Civil Code of the State of California.

Father's Signature _____ Date _____ Mother's Signature _____ Date _____

PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION

Does this student have a health problem? Yes () No () If yes, please specify: allergy, asthma, wears glasses, hearing problems, diabetes, epilepsy, bee sting sensitive, rheumatic fever, prosthesis, or other: _____

Does the student take daily medication at home? Yes () No () If yes, give name and dosage _____

Does the student take daily medication at school? Yes () No () If yes, give name and dosage _____

1. Allergies and sensitivities: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:
- | | | |
|-----------------------------------------------|----------------|------------|
| Penicillin or other antibiotics | () Yes () No | What _____ |
| Morphine, Codeine, Demerol or other narcotics | () Yes () No | What _____ |
| Novocaine or other anesthetics | () Yes () No | What _____ |
| Aspirin, Emperin or other pain remedies | () Yes () No | What _____ |
| Sulfa Drugs | () Yes () No | What _____ |
| Tetanus Antitoxin or other serums | () Yes () No | What _____ |
| Adhesive tape | () Yes () No | What _____ |
| Iodine or Merthiolate | () Yes () No | What _____ |
| Any other drug or medication | () Yes () No | What _____ |
| FOOD ALLERGIES | () Yes () No | What _____ |
| Special Problems | () Yes () No | What _____ |

2. Has your child received treatment for Asthma, Rheumatism, Rheumatic Fever, Sugar Diabetes, Heart Disease, or Seizure Disorder? () Yes () No

Church Attendance Verification on reverse side. +++

Date Registration Fee Paid _____ Cash _____ or Check # _____

HARVEST CHRISTIAN SCHOOL
SUMMER RECREATION PROGRAM
CHURCH ATTENDANCE VERIFICATION

Dear Parent,

In order for a child to be enrolled in the Harvest Christian School Summer Recreation Program the following guidelines apply:

1. One parent/guardian of the child must be a born-again Christian.
2. The child needs to be enrolled at Harvest Christian School or the parent must be in consistent attendance at Harvest Christian Fellowship.

Please fill out the information below and mail this form to us or bring it to the School Office.

Thanks.

Child's Name: _____

Parent's Name: _____

Church Name: _____

Pastor's Name: _____

Church Address: _____

Church Phone Number: _____

Service You Attend: _____

I verify that the above information is true and accurate.

Parent Signature

Date