

# 2021 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 \_\_\_\_\_

<p><b>Do you have any Child Custody/Visitation issues? ( ) Yes ( ) No</b></p>
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### 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 \_\_\_\_\_

- 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 _____

- 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