

**NORTHSHORE CHRISTIAN ACADEMY'S SCHOOL OF THE ARTS AND ENRICHMENT  
2011 EMERGENCY CARD, RELEASE AND AUTHORIZATION FORM**

Child \_\_\_\_\_ Birthday \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
Pager Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
Pager Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Persons other than above who can be called in emergencies and have permission to pick up my child.

<b>Name</b>	<b>Relationship</b>	<b>Day/Evening Phone</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Allergies (foods, medication, dust, bee stings etc.) \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions (asthma, diabetes, etc) \_\_\_\_\_  
Medications \_\_\_\_\_

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Medications \_\_\_\_\_

## NORTHSHORE CHRISTIAN ACADEMY'S SCHOOL OF THE ARTS AND ENRICHMENT

**Permission for medical treatment:** I, \_\_\_\_\_ the parent or guardian hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment to include first aid and CPR by a qualified staff member at Northshore Christian Church and Academy, I also give permission for my child to be transported by ambulance, treated by aid car and/or paramedics personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, dental and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Signed (Father) \_\_\_\_\_ Date \_\_\_\_\_  
Signed (Mother) \_\_\_\_\_ Date \_\_\_\_\_

**Permission for off campus events:** Field trips and nature walks off campus may be scheduled as an integral part of the Enrichment program and student may be taken periodically to nearby parks, stores, libraries and so on. I hereby give permission for my child to participate in all activities and field trips. I also give permission for my child to travel in vehicles operated by NCC, by Public Transit System and/or private transportation. I will be notified in writing of all activities and field trips (other than walks in the neighborhood) prior to the field trip or activity.

Signed (Father) \_\_\_\_\_ Date \_\_\_\_\_  
Signed (Mother) \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Hospital \_\_\_\_\_  
Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

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