

Chapel Hill Christian School

Parental Agreement & Medical Release Form

1. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day that medication is to be given. Medicine will be in the original container with my child's name marked on it.
2. My child will not be allowed to enter or leave the school without being escorted by the parent(s), person authorized by parent(s), or Chapel Hill Christian School personnel.
3. I acknowledge it is my responsibility to pay my tuition in a timely manner and to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.
4. Chapel Hill Christian School agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include or may affect my child.
5. Chapel Hill Christian School agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility.
6. I release CHCS to photograph my child participating in classroom daily activities, and to use the photos in photographic displays, yearbooks, website or other publications.
7. I have received a copy and agree to abide by the policies and procedures stated in the Parent/Student Handbook for Chapel Hill Christian School. I have read the CHCS Statement of Faith and I am in harmony with this statement of belief.
8. I/We understand that Christian education requires the teachers to correct my child/children in both behavior and attitude, and we fully support the discipline of our child/children while at CHCS.

PARENT SIGNATURE: _____ Date: _____

Medical Information and Release:

Child's Physician or Clinic's Name (Child's Primary Health Source)

Physician/Clinic's Telephone Number: _____

My child has the following special need(s):

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: (circle one)

NONE

YES (see below)

EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the care of Chapel

Child's Name

Date of Birth

Hill Christian School(CHCS) and the school is unable to contact me/us immediately, CHCS personnel shall be authorized to Secure necessary medical attention and care for my child as deemed necessary by CHCS administrator and staff.

I/We agree to keep the school informed of changes in telephone numbers, etc. where we can be reached.

CHCS agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

