

# Redeemer Classical School Emergency and Information 2018-19

**Student Name** \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Allergies \_\_\_\_\_

Fill out FARE form for allergies requiring epinephrine,  
 antihistamine or inhaler - physician signature required

Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Last tetanus \_\_\_\_\_  
 current meds \_\_\_\_\_

Fill out Medication Authorization Form if meds will be given at school

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**Mother/Guardian** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_  
 Address (if different than mother) \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_

**Emergency Contact 1**  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_

**Emergency Contact 2**  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_

## Permission and Liability Waivers

My son or daughter, as shown above, has permission to participate fully in ALL RCS's school programs including, but not limited to, class trips and physical education activities during the school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, as a parent or legal guardian, do hereby grant Redeemer Classical School faculty members present the right to authorize emergency medical treatment for my child named above in the event that I, or my designated representative, cannot be reached.

I agree to hold harmless Redeemer Classical School and its agents from liability arising out of accident situation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Redeemer Classical School has permission to use my child's image in any form of marketing (brochure, website, television, newspaper, etc. The School Yearbook is not included in marketing).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***Carpool Form 2018-19***

I give my permission for \_\_\_\_\_ to travel with the following families.  
Travel can be either carpool or pick up when I am not available.

Name 1 \_\_\_\_\_

Name 2 \_\_\_\_\_

Name 3 \_\_\_\_\_

Name 4 \_\_\_\_\_

Name 5 \_\_\_\_\_

Name 6 \_\_\_\_\_

Name 7 \_\_\_\_\_

Name 8 \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Please use the space below to provide any additional information we should know about your child.