

Redeemer Classical School Emergency and Information

Student Name _____	Grade _____	DOB _____
Physician _____	Last tetanus _____	blood type _____
Allergies _____	Hospital _____	
	current meds _____	

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Mother/Guardian _____	Father/Guardian _____
Address _____	Address (if different than mother) _____
Phone _____	Phone _____
Occupation _____	Occupation _____

Emergency Contact 1	Emergency Contact 2
Name _____	Name _____
Relationship _____	Relationship _____
Phone _____	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 _____