

GRACE CHRISTIAN SCHOOL
MEDICAL AND LIABILITY RELEASE FORM
Student Information

Office Use Only AD _____ Office _____

Student Name _____ Grade _____

Address _____

Phone # _____ Date of Birth _____ Female _____ Male _____

Student Cell Phone # (if applicable) _____

Father/Guardian's Name _____

Address (if different than students) _____

Phone # _____ Cell # _____

Employer _____ Work Phone # _____

Mother/Guardian's Name _____

Address (if different than students) _____

Phone # _____ Cell # _____

Employer _____ Work Phone # _____

Primary Email Address _____

Church Attending _____ Pastor _____

Alternate Emergency Contacts

Name _____ Relationship _____

Home Phone # _____ Cell # _____

Name _____ Relationship _____

Home Phone # _____ Cell # _____

Medical Information

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Medical Alert _____ Allergies _____

Medications to be given at school _____

Drop off/Pick up Plan Options:

Authorized Adults to pick up my child: _____

My student will be **dropped off** at school by: (please circle one): parent carpool RVTD walk

My student will be **picked up** at school by: (please circle one): parent carpool RVTD walk

(TURN SHEET OVER TO COMPLETE FORM)

