

**Kinder Kastle Preschool
Enrollment/Emergency
Medical Form
Annual Field Trip Release
2011 – 2012 SCHOOL YEAR
PLEASE PRINT OR TYPE**



OFFICE USE	
Level _____	Days _____
½ or all:	

PERSONAL INFORMATION

Student's full name _____ Gender: M F

Nickname _____ Age _____ Birth Date ____/____/____

Address _____ Home Phone (____) _____

CITY STATE ZIP
If parents are separated, with whom does the child reside?
(PLEASE PROVIDE THE SCHOOL WITH ANY CUSTODY INFO.)

Church You Now Attend _____ Pastor _____

Please list names of people authorized to pick up your child _____

FATHER'S NAME _____ MOTHER'S NAME _____

EMPLOYER _____ EMPLOYER _____

WORK PHONE NUMBER (____) _____ WORK PHONE NUMBER (____) _____

CELL PHONE/PAGER # (____) _____ CELL PHONE/PAGER # (____) _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

Would you like to receive a text to inform you of school closings during inclement weather? If so, please provide number(s).	
TEXT # (____) _____	TEXT # (____) _____

EMERGENCY MEDICAL INFORMATION

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

Health Insurance _____ Policy # _____

Under the name of _____ Relationship to student _____

Preferred Hospital _____ Date of last Tetanus shot _____

In case of emergency, who is the nearest relative or neighbor we should contact, if we can't reach you?

(1) Name _____ Relationship _____ Phone (____) _____

(2) Name _____ Relationship _____ Phone (____) _____

(3) Name _____ Relationship _____ Phone (____) _____

ALLERGIC REACTIONS

Please check the categories below that apply and specify individual substance(s) causing allergic reaction.

- INSECT BITES _____ MEDICATIONS _____
 FOODS _____ OTHER _____

HEALTH HISTORY

Please check any of the items below that pertain to your child.

- FREQUENT COLDS
 - SINUS PROBLEMS
 - BRONCHITIS
 - HAY FEVER
 - FAINTS EASILY
 - FREQUENT STOMACH UPSET/PAIN
 - FREQUENT URINATION/BLADDER INFECTIONS
 - JOINT PROBLEMS
 - ATTENTION DEFICIT DISORDER
 - OTHER: (Please specify) _____
- IRREGULAR HEARTBEAT
 - RHEUMATIC FEVER
 - CONVULSIONS/EPILEPSY
 - DIABETES
 - BACK PROBLEMS
 - FREQUENT EARACHES
 - FREQUENT DIARRHEA
 - ASTHMA

PLEASE LIST BELOW ANY CHRONIC OR RECURRING ILLNESSES OR MEDICAL PROBLEMS
(Please include family history or any additional information that would be helpful to the teacher.)

Harrisonville Christian School and Kinder Kastle Preschool carries supplemental accident insurance.

FIELD TRIP, PHOTO, AND FIELD TRIP RELEASE

I give my permission for _____, level _____, to participate in all sports and school-sponsored trips away from the school premises through the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school. I further understand that I may revoke permission for a specific field trip by written notice given to the principal or school administrator more than one day prior to the trip.

I/we authorize and consent to our child's picture being published in our school yearbook and the local newspaper with names, and on our website without names for the current school year.

Although the school desires to provide a safe and enjoyable time for all students, I/we understand that accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Harrisonville Christian School/Kinder Kastle Preschool, its affiliated organizations, employees, agents, and representatives, including volunteer drivers and supervisors from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian or emergency contact person after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care, which in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

FATHER/GUARDIAN'S SIGNATURE DATE

MOTHER/GUARDIAN'S SIGNATURE DATE

Name Printed: _____

Name Printed: _____

OFFICE USE ONLY

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immun. Record	Interview/Acceptance Date: ____/____/____	Interviewer/Acceptor: DVA KS
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