



# EMERGENCY CONTACT /MEDICAL FORM

## Student Information

Student Name	Date of Birth	Grade	Tylenol Y/N	Ibuprofen Y/N

## Medical Information

Student	Allergies	Medical Conditions

## Emergency Contacts

	Pick up
First & Last Name	First & Last Name
Phone Number: Pick up Y/N	First & Last Name
First & Last Name	First & Last Name
Phone Number: Pick up Y/N	First & Last Name

## Physician / Dentist / Insurance Information

Physician	Address	Phone
Dentist	Address	Phone
Insurance Co	Policyholder Name	Policy Number

In the event our child becomes ill or sustains injury while in the care of Zion Lutheran School and the school is unable to reach us, we give our permission to Zion Lutheran School to provide emergency medical care, including taking my child to the hospital or calling an ambulance. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires. The expense of any medical treatment my child receives will be my responsibility. Zion Lutheran School will be held harmless. Medical Authorization Form must be billed out to be put in child's record when any prescription, or OTC medication (given regularly) is to be given during the school day. I understand that in the event of an emergency, every effort will be made to contact me. If it is not possible to contact me, or distance does not make it possible for me to be present, I hereby authorize Zion Lutheran School to obtain necessary emergency treatment. I further agree to pay for said treatment. Copies of this authorization, when carried by Zion Lutheran School personnel, shall have the same force as the original.

Acknowledged and Agreed to by: \_\_\_\_\_ Signature of Parent (Guardian)

## Permission and Release

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trip Permission

I give permission to Zion Lutheran School for my child to be taken on field trips or excursions by van, school bus, or private motor vehicle under required supervision. Car seats and/or booster seats will be required as directed by law.

Yes  No  Initials \_\_\_\_\_

### Media Permission

I give permission to Zion Lutheran School to use images of my child for newspaper, internet, newsletters, etc.

Yes  No  Initials \_\_\_\_\_

### Permission To Contact via SMS or Mass Email

Zion Lutheran School uses mass email and SMS messages to keep in close contact with parents. I wish to have both parents added to these lists.

Yes  No  Initials \_\_\_\_\_

### Special Services

Child is on an IEP or 504 plan from Idaho or any other state. Name:

Yes  No  Initials \_\_\_\_\_

If yes please provide a copy of either with this application. Please understand that Zion Lutheran School does not provide any Special Ed classes or services. We will do our best to serve all children, however, if the director feels that the needs of your child are beyond a reasonable level of accommodation we will not be able to enroll the child.

Has your child ever been held back/retained or been advised to do so? Name:

Yes  No  Initials \_\_\_\_\_

# CHILD WATCH

Child Watch (After School Care) is a program here at Zion Lutheran School to provide a safe environment for your child(ren). If they stay between 3:00pm and 6:00pm, they will be considered part of this program. Please fill out this form if you plan on utilizing this program. As it will help us plan for appropriate staffing and snacks.

### Parent Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:

### Student Information

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

### Days & Times Needed

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm - 4:00pm					
3:00pm - 5:00pm					
3:00pm - 6:00pm					

### Rates

One Child	\$3.50 first hour, \$3.00 per hour after first hour
Two Children	\$6.00 first hour, \$5.00 per hour after first hour
Three Children	\$8.50 first hour, \$7.00 per hour after first hour
After Child Watch Closes	<b>\$1.00 per minute after 6pm per child</b>

All Child Watch students are charged for the first hour (3:00pm-4:00pm) regardless if they are picked up before 4:00pm. After the first hour, students are billed in 30minute increments. *Payments are due with your invoice each month.*

Agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_.