



Student Name _____

3639 S. Keystone Ave
 Indianapolis, IN 46227
 p: 317-789-8710 f: 317-789-8718
 Go2CCS.org

Release Form

The permissions/agreements granted on this page will remain in the listed student's file and will be in effect while the listed student is enrolled at CCS or rescinded in writing by the parent/guardian.

EMERGENCY CONTACT INFORMATION

Physician's Name	Phone Number
Emergency Contact Name (other than parent)	Relationship to student
	Phone Number

EMERGENCY PERMISSION AGREEMENT

Should an emergency arise in which my child will need to be transported to a local hospital, I give my consent for the transport to take place. If I am not able to be reached, I give my consent for my child to be medically and/or surgically treated by medical professionals to whatever extent is necessary to the well-being of my child.

Parent Signature	Date
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PERMISSION TO ADMINISTER MEDICATION

There are times when a child may need over the counter medication. We are able to administer the following medications **only** if we have a signed permission slip from the parent. **Please check the medication** that we are able to administer to your child and sign the release. In most cases, generic brands will be used.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Acetaminophen (also known as Tylenol) | <input type="checkbox"/> Tums | <input type="checkbox"/> Calamine Lotion (anti-itch lotion) |
| <input type="checkbox"/> Ibuprofen (also known as Motrin/Advil) | <input type="checkbox"/> Cough Drops | |

If it becomes necessary for my child to take an OTC medication during the school day, I give my permission for an authorized staff member to administer any of the above marked medications to my child. I understand that this permission release will remain in effect while my child is enrolled at CCS or is rescinded in writing by me, the parent/guardian.

Parent Signature	Date
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PICK-UP INFORMATION

For the safety of your child, notify the school office when someone out of the ordinary will be picking up your child. If there is anyone who is absolutely NOT allowed to pick up your child, please list their name below. This will be in effect until it is rescinded in writing by you, the parent/guardian.

The following individual(s) are NOT allowed to pick up my child: _____

DRIVING STUDENTS

I give permission for my child _____ to drive to and from school. We agree to abide by the requirements listed in the manual under "Student driver regulations". Driving to school is a privilege. CCS reserves the right to rescind driving privileges due to grades and/or behavior. The following students will be regular riders with my child: _____

Attached is a copy of my child's driver's license and our automobile insurance policy. I understand that I will need to submit an updated copy of our insurance policy each year.

Parent Signature	Date
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PHOTO AGREEMENT

I understand that periodically, Calvary Christian School will use pictures taken of students without complete names for web based uses such as the CCS website and for various printed promotion publications. I grant permission for pictures of my child to be used in this manner.

Parent Signature	Date
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FIELD TRIP RELEASE

I give my approval for my child to participate in any field trip that Calvary Christian School deems safe and appropriate. I do hereby agree to hold harmless the organizers, supervisors, chaperones, and anyone connected with Calvary Christian School and/or Calvary Tabernacle Church including the president, boards, administration, staff and volunteers for any claim arising for an injury or harm to my child. I also understand that a notice will be sent home with information about every fieldtrip.

Parent Signature	Date
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