



Student Information and Release Form 2019-2020 School Year

Student Full Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Parent Cell Phone: _____

Full Parent/Guardian Name: _____

Emergency Contact and Phone: _____

Physicians Name and Phone: _____

Allergies: _____

Medications: _____

*You are not legally required to leave a copy of your insurance card, but doing so will speed up any possible medical treatment for your student. If you would like to leave a copy, either copy your insurance card to the back of this sheet, or ask the office to copy it for you.

I hereby authorize any Our Savior's Lutheran Church and Preschool, and/or any present medical staff to seek any necessary medical treatment in the best interest of my child. I also release any church or other staff to administer Tylenol/Aspirin/Ibuprofen as directed for any minor needs. I release Our Savior's Lutheran Church and Staff of all liability in the event of injury, including paralysis and death of my child.

Signature: _____

Date: _____

Behavior Contract

I promise to do my very best to take care of your child while they are under my responsibility. However, it is a two way street. I need to ensure that the youth is aware that they are expected to act at their very best and stick to the guidelines and covenants made on any trip or event. However, should the student choose to act differently, this is how we will handle it:

1st violation: Verbal warning.

2nd violation: Discussion with Adult Leader about actions.

3rd Violation: Call home. At this time we will discuss whether or not the student is able to stay on the trip/at the event.

4th Violation: Student will be sent home at the expense and time of the parent.

Student Signature: _____ Parent Signature: _____