



Countryside Baptist Church

Pastor Bill Keith

(352)332-1493 Phone – (352)332-4153 Fax

Countryside Christian School

Principal Jody Robertson

10926 NW 39th Avenue - Gainesville, FL 32606

**RELEASE FORM – EXTENDED CARE
Summer Camp 2017**

Student _____
Last First Middle

Age _____ DOB _____ S.S. # _____

Mailing Address _____

City, State, & Zip Code _____ Home Phone Number _____

PARENTS OR GUARDIANS

Father's Name or Guardian: _____

Work Phone: _____ Cell Phone: _____ Alt Phone: _____

Mother's Name or Guardian: _____

Work Phone: _____ Cell Phone: _____ Alt Phone: _____

Family E-Mail Address: _____

NAME OF PERSONS ALLOWED TO PICK UP YOUR CHILDREN

Only the names listed on this form have permission to pick up your child.
Children will not be released to anyone whose name is NOT listed below.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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STUDENT MEDICAL HISTORY
Summer Camp 2017

Student's Name: _____
 First Middle Last

Does the student have any allergies? _____

Explain: _____

Is the child currently on any medication? _____

Explain: _____
 Doctor's name who wrote the prescription Doctor's Phone Number

 Name of over the counter medication Directions (amount given)

 How many times per day?

My child has permission to take the following medications as needed:

The school **DOES NOT** provide any medicines such as Tylenol, cough syrup, etc. Parents may send in medications to be given as needed. Medications must be in ORIGINAL container.

All Medications must be turned in to the front office. ***Exception: Please notify us if your child needs to carry an inhaler, Epi-pen, or other medication with them for emergency situations.

Name and telephone numbers of the persons to contact in case of an emergency:

Name: _____

Home: _____ Work: _____ Cell: _____

Signature of Parent or Guardian: _____ Date: _____



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**EMERGENCY CONTACTS AND PROCEDURES
Summer Camp 2017**

In the event of an injury or illness, the school will take the following steps:

1. Administer first-aid treatment.
2. Telephone the student's parent(s)/legal guardian for instructions.
3. Telephone the student's doctor for instructions. If we cannot reach the doctor, we will call the emergency care unit.
4. If the student is injured, we will fill out an accident report and keep it on file in the school office.

Name of student's doctor

Doctor's telephone

Whom shall we contact if the student's parent(s)/legal guardian cannot be reached?

Name of person to contact

Home Telephone

Business/Cell

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION
Summer Camp 2017**

Student's Name _____

Date of Birth _____

Student's SS# _____

I hereby give my expressed consent and permission to Countryside Christian School, 10926 NW 39th Avenue, Gainesville, FL 32606, to administer first-aid treatment to my child. I further authorize the school to arrange for professional emergency hospital, medical, or surgical treatment in the event my child suffers injury or illness while at school or on any school related activity. I agree to be responsible for all hospital and professional medical and surgical treatment rendered to my child. This authorization is in effect from June 1, 2017 – August 14, 2017.

Father's Signature

Date

Mother's Signature

Date

Legal Guardian's Signature

Date