



Countryside Baptist Church

Pastor Bill Keith

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

Countryside Christian School

Principal Jody Robertson

10926 NW 39<sup>th</sup> 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: \_\_\_\_\_

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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:

<p>The school <b>DOES NOT</b> 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.</p> <p>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.</p>
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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 39<sup>th</sup> 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