



QUINCY CHRISTIAN SCHOOL

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"Train a child in the way he should go: and when he is old, he will not turn from it" Proverbs 22:6

2011-2012 PERMISSIONS & MEDICAL INFORMATION

CHILD'S NAME: _____ Date of Birth: ___/___/___ Grade: _____
ONE CHILD PER FORM

PARENT EMERGENCY CONTACT INFORMATION:

Mother _____
NAME WORK # & EXT. HOME # CELL #

Father _____
NAME WORK # & EXT. HOME # CELL #

TWO PEOPLE WHO CAN BE REACHED IF I CANNOT

1. _____
NAME PHONE RELATIONSHIP TO CHILD

2. _____
NAME PHONE RELATIONSHIP TO CHILD

1. **PHOTO PERMISSION:** Parents, from time to time there may be an occasion to publish your child's picture in promotional materials for the school, in the paper, on WGCA or on WTJR or yearbook. We will **never** publish names on the Internet.

I **GIVE** **DO NOT GIVE** permission for my child's photograph to be used by Quincy Christian School for the purpose of promotional material or publicity material or yearbook.

2. **STUDENT HANDBOOK:** We hereby acknowledge that we **have read the Student Handbook**. We understand that this is an interdenominational Christian school and as such the specific doctrinal positions of various beliefs will be presented, but no one with greater emphasis than another. We understand that the statements contained in the handbook are guidelines only, and that the Handbook does not constitute a contract between QASCA and its students, or the parents of its students. I also understand that QACS specifically retains the discretion to amend, discontinue, or vary the policies or procedures contained in the Student Handbook.

3. **FIELD TRIPS & TRANSPORTING:**

I **GIVE** **DO NOT GIVE** permission for above mentioned child to attend all field trips through QCS for the 2011-2012 school year I **GIVE** **DO NOT GIVE** permission for my child to be transported in private vehicles approved by QCS administration, for school functions only or the public bus system.

4. **PICK UP TRANSPORTATION INFORMATION:** Normally my child will be picked up by myself or my spouse. However, it may be necessary for someone else to pick up my child, in that case, the following people may pick up my child from school:

1 _____
NAME RELATIONSHIP TO CHILD

2 _____
NAME RELATIONSHIP TO CHILD

3 _____
NAME RELATIONSHIP TO CHILD

Unless a note is submitted that morning, your child may not ride home with anyone other than those listed above.

5. **ACTIVITIES:**

I **GIVE** **DO NOT GIVE** permission for my child to be involved in the following activities during the 2010-2011 school year.

- Driver's Ed: My child will turn 16 during the Fall semester Spring semester
- Volleyball
- Basketball
- Cheerleading (7-12 graders)
- Bible Bowl

6. **MILK OPTION:** *Milk payment information:* CHECK #: _____ AMT PD: \$ _____

- I would like to purchase milk for my child (named above).
I understand that the annual cost is \$40 and I have attached a check for that amount.
- I am not interested in ordering milk for my child _____.

7. **MEDICAL RELEASE:**

I **GIVE** **DO NOT GIVE** permission and release from liability the administration and staff of QCS to obtain medical attention for my child should the occasion arise. This includes x-ray, exam, medical, dental and/or surgical diagnosis, treatment and/or hospital care as advised and supervised by a physician, dentist, and/or surgeon, as appropriate, licensed to practice (doctor/dentist/hospital) under the laws of the state where services are rendered. I expect to be notified as soon as possible.

9. **IBUPROFEN/TYLENOL RELEASE:**

I **GIVE** Please call first **DO NOT GIVE** permission for the staff of QCS to administer pain reliever to my child for minor headaches or pain.

REGULAR MEDICATIONS: _____

ALLERGIES TO FOOD/MEDS/OTHER: _____

BEE STING ALLERGIES: YES NO

FAMILY PHYSICIAN: _____

_____ ADDRESS

_____ PHONE

PLEASE LIST ANY OTHER PERTINENT INFORMATION QCS MAY NEED TO KNOW ABOUT YOUR CHILD'S HEALTH:

IF YOU WOULD LIKE FOR YOUR CHILD TO TAKE MEDS OTHER THAN WHAT IS LISTED ABOVE, YOU MUST PROVIDE THE MEDS WITH WRITTEN INSTRUCTIONS AND DOSAGE. CONTROLLED SUBSTANCES NEED A DOCTORS NOTE BEFORE ANY WILL BE ADMINISTERED.

NOTES: _____
