



COLUMBUS
CHRISTIAN SCHOOL

STUDENT EMERGENCY & PERMISSION FORM

STUDENT INFORMATION

Student's Name _____ Grade ____ Sex _____ DOB _____

Address _____

Primary Emergency Contact: _____ **Phone:** _____

Relationship to Student: _____

Secondary Emergency Contact: _____ **Phone:** _____

Relationship to Student: _____

Is there anyone who should NOT have access to your child or pick them up without permission? If so,

please list name(s): _____

Student's Allergies _____

Medication currently taking _____

NOTE: All medication taken by a student during school hours must be kept in the school office and administered by staff. Please make arrangements with the office if this is needed for your child.

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR CHILD

I (PARENT/GUARDIAN) _____ am the legal guardian of
(STUDENT) _____. I authorize the teachers and/or staff of COLUMBUS
CHRISTIAN SCHOOL to consent to any medical treatment and/or hospital care rendered necessary under the
advice and supervision of a licensed physician.

Signature _____ Date _____

PERMISSION FOR SCHOOL FIELD TRIPS / RETREATS

I give my permission for my child to accompany his/her class and staff persons on all field trips and/or retreats
planned and authorized by Columbus Christian School.

Signature _____ Date _____