

# PARENT - SCHOOL AGREEMENT

Child's Name: \_\_\_\_\_

One of our principle objectives is to insure the safety and welfare of every student by proper oversight and protection. Regardless of our efforts, accidents may still occur. We consider this a partnership role, not an adversarial role. Since this is the case, parents agree not to take legal action against Upper Bucks Christian School and Day Care Center.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult acting on behalf of the Day Care with respect to the activity, as agent for me, to consent to any X-ray examination, and hospital care and treatment advised and supervised by a physician or surgeon licensed to practice under the laws of the PA state, either as an outpatient or in any hospital. To the best of my knowledge, I have listed on the back, all of my child's medical allergies, medications being taken, medical problems and other pertinent information. I agree that my insurance provider or I will be personally responsible to pay for any medical and hospitalization that occurs for my child while under the Day Care's supervision. My child has permission to participate in all activities on or off campus, including the transportation to and from off campus activities, except as noted by me.

My child has permission to go on scheduled field trips and other activities (Pre-kindergarten).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Name \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Phone Number \_\_\_\_\_

Indicate the date of your child's last tetanus shot \_\_\_\_\_

Are there any activities to be restricted for your child? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_

If so, please state the medication \_\_\_\_\_

Any allergies? \_\_\_\_\_

If so, please state \_\_\_\_\_

**If we cannot reach the child's legal guaridan, please indicate who you would like us to call in case of an emergency.**

**First:**

Name: \_\_\_\_\_

Relation \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Second:**

Name: \_\_\_\_\_

Relation \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Mom's Work #** \_\_\_\_\_

**Mom's Cell#** \_\_\_\_\_

**Dad's Work #** \_\_\_\_\_

**Dad's Cell#** \_\_\_\_\_