



Covenant Christian School

Established 1982

2350 Frankford Avenue, Panama City, Florida 32405

850-769-7448 (Fax) 850-763-2104

www.ccs-pc.net

Developing Cultural & Spiritual Leaders through Classical Christian Education

Preschool ~ 12th grade

PARENTAL CONSENT FORM

Student Name: _____

Primary Phone: _____

Grade: _____ **Teacher:** _____

1. PICK-UP: In addition to myself and my spouse, I give the individuals listed below permission to pick up my child from CCS. **Your child will NOT be permitted to leave with any individuals not listed below.** Please contact school administration should this list ever need to be modified.

Name/Relationship

Name/Relationship

_____	_____
_____	_____
_____	_____
_____	_____

2. EMERGENCY INFORMATION: **Please include both parents and at least two (2)** other emergency contacts who are normally available from 7:00 AM to 5:30 PM on school days.

Name

Relationship

Phone & Type (H, W, C.)

(family/friend/neighbor)

(Father)

(Mother)

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. EMERGENCY TREATMENT OF ACCIDENT OR ILLNESS: Should my child be injured or become ill while in the care of CCS, the school shall attempt to contact me immediately. Further, I hereby authorize CCS to administer minor first aid treatment and secure such professional medical attention and care for my child as may be prudent and necessary. I understand I shall be fully responsible for the financial obligations of all such treatments.

Local Emergency Facility Preferred:

(Preference will be used if possible)

(CONTINUED ON BACK)





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4. **MEDICAL INFORMATION:** Please describe any medical conditions below, including allergies, that require regular medication and/or special attention. Please explain the nature of the condition, the frequency of required medication (please include all medications including Ritalin) and other information that will be helpful to our staff in meeting your child's health needs. Please attach additional sheets as necessary.

➤ Due to my child's asthmatic and/or allergic medical condition, I will provide an _____ EpiPen and/or _____ Inhaler to be kept _____ . (location)

5. **PRESCRIPTION MEDICINE:** I hereby grant CCS permission to administer my child prescribed medication but only after I bring the medication to the school in the original container that has the doctor's prescribed instructions. Further, I will not hold Covenant Presbyterian Church, CCS, the faculty nor the staff responsible for any adverse reaction to the administration of said medication.

6. **OTC Medicine:** CCS students will inevitably come to the office with various non-emergency aches and pains. Parents will always be contacted for permission prior to the administration of any of these OTC medicines.

CCS **HAS** permission to give my child: **Tylenol (Acetaminophen)** Yes No

Motrin (Ibuprofen) Yes No **Tums (Antacid)** Yes No

7. **MEDIA RELEASE:** From time to time area media cover events at CCS and CCS uses the resulting product (audio, video, printed text, and photography) for promotional purposes. Please check and initial below.

I do I do not **give permission for my child's photo to be used in a CCS promotional product.** _____ *(initial)*

This form is not valid until NOTARIZED.

Signature _____

Signatory personally known to me, or produced identification in the following form:

Witness my hand and official seal this _____ day of _____, A.D. 20____.

My Commission Expires:

Notary Public, State of Florida

Covenant Christian School does not discriminate in the administration of its policies, classrooms or programs.

