

Student Health Information and Emergency Contact

Agape Christi Academy: School Year _____ - _____

Child Name (Last) _____ (First) _____ (MI) _____ DOB _____ M/F _____ Blood type (if known) _____

Are all immunizations current? (Check) Yes No

Child Name (Last) _____ (First) _____ (MI) _____ DOB _____ M/F _____ Blood type (if known) _____

Are all immunizations current? (Check) Yes No

Child Name (Last) _____ (First) _____ (MI) _____ DOB _____ M/F _____ Blood type (if known) _____

Are all immunizations current? (Check) Yes No

Child Name (Last) _____ (First) _____ (MI) _____ DOB _____ M/F _____ Blood type (if known) _____

Are all immunizations current? (Check) Yes No

Parent/Guardian _____ Phone (H) _____ (W) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ (W) _____ (Cell) _____

Parent email address #1 _____ #2 _____

Alt. Emergency Contact _____ Phone (H) _____ (W) _____ (Cell) _____

Medical Insurance carrier _____ Policy# _____ Group# _____

Carrier address _____

Name of insured person _____ Insured's place of employment _____

Family Physician _____ Phone _____ Dentist/orthodontist _____ Phone _____

| Health History (List child's name and illness with appx. dates) | Allergies (List any allergies) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Frequent Ear Infections, Heart Defect/Disease, Seizures, Asthma, Bleeding Disorders, Tourettes Syn., Mononucleosis, Chicken Pox, Mumps, Measles, Diabetes | |

Current medications (List prescription, OTC, & herbal. Use additional sheet if necessary.)

Child name: _____ Medication name: _____ Dosage _____ Reason for taking _____

Child name: _____ Medication name: _____ Dosage _____ Reason for taking _____

Any other information you feel the staff should know in advance about your child(ren): _____

Parent Signature(s) _____ Date _____

Child Signature(s) (if over 12 years) _____ Date _____

Waiver and Release from Liability

Agape Christi Academy: School Year _____ - _____

Initial I (We) acknowledge that my child's enrollment at Agape Christi Academy is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings.

Initial I (We) acknowledge that my child's participation in any Agape Christi activity presents risks that my child may suffer property damage, bodily injury, or death.

Initial I (We) acknowledge that although Minnesota State Law does not prohibit children from riding in the front passenger seat, my child under age 13 will ride in the back of the vehicle for school activities unless exception granted by the Headmaster upon my approval.

Initial I (We) acknowledge that misconduct may result in transportation home from an off campus activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial I (We) acknowledge that Agape Christi Academy is not responsible for the loss or theft of personal belongings.

Initial I (We) understand and authorize that my child's image may be photographed or filmed and used in video presentations and printed publications of Agape Christi Academy including internet websites monitored by Agape Christi Academy.

Initial I (We) hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury the following person, or entities: Agape Christi Academy, its Headmaster, teachers, administrative staff, employees, volunteers, board members, representatives, subcontractors, and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Agape Christi Academy, Agape Christi staff or volunteers and: C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Agape Christi Academy activities.**

The undersigned _____(parents/guardian),

the parent(s) and natural guardian or legal guardian of

_____(minor's name(s)), hereby executes this document for and on behalf of the minor(s) named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor(s) in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency, medical technician, hospital or other medical or health care facility to treat the minor(s) named herein for the purpose of attempting to treat or relieve any injury received by said minor(s). I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor(s). I understand that attempts will be made to contact me in the most expeditious manner possible. Permission is also granted to an Agape Christi Academy representative to provide the needed emergency treatment to the minor(s) prior to his admission to a medical facility.

Minor's Name(s) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____