



PARENT/GUARDIAN FORM



Student Information

Name of Student: _____ Date of Birth: _____

Most Recent FCAT scores: Reading: _____ Math: _____

Last Year's Final Grades: _____

Number of Absences Last Year: _____ Reason for Absences: _____

Number of Discipline Referrals Last Year: _____ Reason(s): _____

Entering Grade _____ this upcoming school year.

Family Information

Name of Parent(s) or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email _____

Place of Employment: _____

Emergency Contact Name #1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name#2 : _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

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Medical Information

Name of Physician: _____ Phone: _____ Does student have any allergies? Y__ N__

If yes, please list allergies: _____

Medical Conditions: _____

Medications Currently Used: _____

When did your child last receive a tetanus shot? _____

Insurance Company: _____ Policy #: _____

Doctor's name: _____ Doctor's phone # : _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.

Permission to Transport Student

I do hereby state that I am the parent/guardian of the child named on this form. In order to expedite care of this child, I hereby give permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify FOUR12 of any changes to this information in writing.

Parent/Guardian Signature: _____ Date: _____

Permission to Treat Student

I do hereby state that I am the parent/guardian of the child named on this form. In order to expedite care of this child, I hereby give permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible. If I am unable to be reached, I request the admitting facility notify one of the emergency contacts listed above about my child's condition and admission.

Parent/Guardian Signature: _____ Date: _____

Contacts

I, _____, (Parent/Guardian's Name) consent to having my child released only to the persons listed below. The following people are authorized to remove the student from the facility in case of an accident, illness, or emergency, if for any reason the custodial parent or guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Parent/ Guardian's Initials: _____

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Field Trip Consent Form

I hereby consent to allow my child to participate in all field trip activities associated with First Presbyterian Church of Orlando. I release First Presbyterian Church of Orlando, their employees, heirs, or assignees from any and all liability which may arise as a result of my child's participation in program activities.

Parent/ Guardian's Initials: _____

Academic Record Release Form

In order to meet the goals of the After School Outreach Ministry, we are asking permission to track the students' academic progress. We appreciate your cooperation in helping these students to succeed.

I hereby consent to allow First Presbyterian Church of Orlando to view my child's online Progress Book, progress reports, report cards, and FCAT scores.

Student ID: _____ Progress Book Code: _____ Parent/ Guardian's Initials: _____

Photo Release

I _____ (Parent/Guardian's Name), hereby allow First Presbyterian Church of Orlando to photograph my child solely for the purposes of the After School Outreach Ministry.

Parent/ Guardian's Initials: _____

Insurance Fee

I acknowledge that the purchase of group insurance for \$10.00 is essential for my child's participation on the After School Outreach Ministry. The insurance covers all church activities from September 2010 to September 2011. Paying this fee is required before the enrollment process can begin.

Parent/ Guardian's Initials: _____

I hereby certify that all information provided in this authorization is true, correct and complete. By signing below, I indicate that I have carefully read the foregoing release, know and understand the contents.

Parent/ Guardian's Signature: _____ Printed Name: _____

Dated this _____ day of _____, 20__.

REMEMBER REMEMBER REMEMBER REMEMBER REMEMBER
APPLICATIONS MUST BE TURNED IN TO YOUR SCHOOL'S FRONT OFFICE OR TO THE FOUR12 OFFICE.

Students will be contacted for an interview after applying. Students will be notified of acceptance or denial within 1-2 weeks of their interview.

**First Presbyterian Church of Orlando
Accident Insurance Group Enrollment Form**

Please make checks payable to First Presbyterian Church of Orlando

Name: _____
Address: _____
City, State: _____ Zip: _____
Home #: _____ Work #: _____
Birthdate: _____ Gender (M or F): _____

Permission, Release and Consent

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I/my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information.

Signed: _____ Date: _____

Medical Allergies, medication being taken, medical problems or other pertinent information:

Emergency Contact and Phone #: _____

Doctor's Name and Phone #: _____

Please detach and keep card

IDENTIFICATION CARD

Participant: _____

The above named participant is covered for accidental medical expenses with The Hartford Insurance Group through First Presbyterian Church of Orlando. For verification that the injury occurred on or in a church activity, please call the last person listed on the reverse of this card. All medical claims should be filed on the Hartford claim forms only. This Insurance is in effect for a year from the date of signing.

Signature Date

The Hartford Insurance Group Policy Number: 21SR275679

EMERGENCY CONTACTS

Name Phone

Contact Hartford Claims Dept (800) 678-6702 for verification of coverage.