

DAYS PRING TUTORIALS
2009 - 2010 Student Information and Release Form

Please print

Full Name _____ Preferred Name _____

Parent's Name _____

Complete Address _____

Home Phone # _____ Cell # _____

Parent E-mail _____ Do you check this regularly? _____

Physician _____ Phone _____

Medical Conditions _____

Allergies _____

Current Medications (Prescriptions, OTC drugs, contact lenses, etc.) _____

Is it okay to give acetaminophen (Tylenol)? _____ ibuprofen (Advil or Motril)? _____

Date of last Tetanus shot _____

The following person(s) have permission to pick up my child from labs: _____

Person to contact in case of an emergency _____

Home # _____ Work # _____

Address _____

Alternate contact person _____

Home # _____ Work # _____

Address _____

Health Insurance Company _____

Insurance Phone Number _____

Primary Policy Holder _____

ID # _____

Company name and policy number _____

I hereby agree to let my child participate in enrichment tutorials with Dayspring. I agree to hold Dayspring Tutorials, its director, teachers, staff, the owners of the meeting site and its staff harmless from any and all liability, actions, courses of action, debts, claims or demands of any kind and nature, whatsoever, which may arise by or in connection with my child participating in these activities. I will encourage my child to follow the instructions necessary for my child's health and safety. In case of an emergency or illness, every effort will be taken to immediately notify me, or the person(s) listed above. In case of a need for treatment, I authorize the administration of emergency medical treatment for the child listed on this form.

Parent/Guardian Signature _____ Date _____