



HICKORY GROVE CHRISTIAN SCHOOL STUDENT INFORMATION FORM

Complete and return to your child's respective school office by July 11th

Please print clearly; Use only black or blue ink, no pencil; School must have original, no copy or fax

Student's Name _____ Homeroom Teacher _____ Grade _____
Student's Date of Birth _____ Parent's E-mail address _____
Home Address _____ City _____ Zip _____
Mother's Name _____ Home # _____ Work # _____
Father's Name _____ Home # _____ Work # _____
Cell Phone – Mother _____ Father _____ Student's SS# _____

Health/Emergency Treatment Information

Child's Doctor _____ Phone # _____
Child's Dentist _____ Phone # _____
Hospital of Choice _____
Insurance Co. _____ Policy # _____
Food Allergies/Sensitivities _____ Medication Allergies/Sensitivities _____

Does your child carry an Epi-pen for allergies? YES or NO

What happens to your child when they have an allergic reaction? (swelling, itching, shortness of breath, etc.) _____

List existing medical problems _____

MEDICATIONS: Please list any medications that your child takes at home on a daily basis (i.e., Ritalin, Adderall, asthma inhalers, or over the counter meds)

****Your child will not receive any medications at school unless we have a signed "Medication Administration" form from your healthcare provider stating the purpose of the medication. The parents will also be responsible for purchasing their own medications for their children. All medications have to be kept in the health room. The school nurse will have Benadryl in the health room for EMERGENCY situations only (allergic reactions to bee stings, ant bites, peanut butter allergies, etc.)**

****I release HGCS faculty/staff from any liability should my child have any adverse reaction to this medication.**

PARENT/GUARDIAN SIGNATURE _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT/FIELD TRIP PARTICIPATION/ENROLLMENT AGREEMENTS

1. Permission is granted for faculty/staff of HGCS to render first aid and to obtain the services of a licensed physician, and arrange for transportation to the closest hospital in case of the need for immediate medical attention.
2. Permission is also granted to the attending physician to render whatever treatment is medically necessary for the well-being of my child. The expenses incurred will be the responsibility of the person whose signature appears below.
3. I hereby release HGCS faculty/staff including volunteer chaperones from any and all liability in case of an accident or any other injury which might occur to my child through administering first aid or transportation to a medical facility, and I hereby release said aforementioned persons from any liability because of any injury or damage which might occur.
4. My child has permission to attend field trips approved by HGCS. This release will be effective until the end of the school year or upon withdrawal from HGCS. I hereby release HGCS faculty/staff and any driver of automobiles or buses from liability which might result.
5. I have read the **Admissions Policies, Financial Policies, and School Policies & Procedures** of HGCS, as stated on our website at www.hgbc.org. I understand the obligations and responsibilities which are required of parents and students, and I accept and agree to abide by the provisions set for therein.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Student Information – Page 2
Persons Authorized to Pick Child from School

Student's Name _____

We at HGCS take your child's safety seriously and make no exceptions or apologies for checking ID of anyone who comes to see, take, or visit your child. Please review our Visitor's Policy at <http://www.hgbc.org/policy.htm>. Only parents of our current students, adults and siblings on the student's information form, and graduates of HGCS are allowed to visit. All visiting alumni and parents must abide by our dress code while on campus.

Please list below all persons you give permission to pick your child up from school or give permission to have lunch with your child (see visitor's policy at the web address listed above). It is important that you list everyone along with their emergency phone numbers and driver's license numbers.

We ask that you inform each of these persons that they **must check in with the main school office** and they **must show their ID**. **If you make additions or changes throughout the year, you will need to come into the Main School Office and make those changes on the form; we do not accept a phone call, note, e-mail, or fax.**

The policy regarding custody is detailed in the HGCS Admissions/Finance Policies: *Legally, HGCS cannot keep parents from coming to visit their child at school. If there is a threatening situation with an ex-spouse and there is a court order limiting a parent's involvement with your child, you must submit a copy of the court order to the records office.* It is the responsibility of the parent/guardian to make sure the records office of HGCS has all documentation on file.

•Are biological parents separated or divorced? Yes No
•Does student have a legal guardian? Yes No With whom does the student reside? _____
•List any legal/court ordered parental restrictions: _____

•Have you submitted a copy of the legal court ordered documentation to the Admission/Records Department? Yes No

Only those listed below **WILL** be able to visit and/or take your child from school. (**Note:** Non-custodial biological parents will only be limited if the court has stipulated limitations and the court order is on file in the records office. See highlighted section above.)

We appreciate your understanding these important policies. **Parents must also be named on this list:**

_____ (parent/guardian) _____ phone _____ DL# & State

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1. _____ Phone # _____ DL# & State _____

2. _____ Phone # _____ DL# & State _____

3. _____ Phone # _____ DL# & State _____

4. _____ Phone # _____ DL# & State _____

5. _____ Phone # _____ DL# & State _____

6. _____ Phone # _____ DL# & State _____

7. _____ Phone # _____ DL# & State _____

8. _____ Phone # _____ DL# & State _____

9. _____ Phone # _____ DL# & State _____

10. _____ Phone # _____ DL# & State _____

Signature of Parent or Guardian _____ Date: _____

Photos & Videos: HGCS has my permission to use photos and/or videos of my child on its website and bulletin boards.

Signature of Parent or Guardian _____ Date: _____