



PARENTAL RELEASE FORM - SCHOOL YEAR 2022-23

STUDENT INFORMATION

Note: the information on this form will be shared with CCS staff.

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

FAMILY INFORMATION

Parent/Guardian _____ Cell/Home Phone _____

Relationship _____ Email _____ Work Phone _____

Home address _____

Parent/Guardian _____ Cell/Home Phone _____

Relationship _____ Email _____ Work Phone _____

Home address (if different) _____

Please note if any of the above information cannot be included in the Student Directory:

MEDICAL INFORMATION

Child's Name				
Child's Physician				
Physician's Phone				
Allergies				
Authorized Non Prescription Medicine (Check the box of approved medicines under each child's name)				
None				
Cough Drops				
Itch cream (diphenhydramine)				
Adult Ibuprofen				
Children's Ibuprofen				
Adult Tylenol				
Children's Tylenol				
WEIGHT (to determine dosage)				
Any pertinent medical history or current information				

In Case of Student Illness at School:

In the event that a student becomes ill or is injured at school, we will assess the student at school. If it is determined that a parent or guardian needs to be called, indicate the name of the person who is to be called. Please include at least one alternative contact, in the order that they should be called:

Parent/ Guardian _____ Phone(s) # _____

1st alternative contact _____ Phone(s) # _____

2nd alternative contact _____ Phone(s) # _____

In Case of Emergency:

In case of serious illness or injury at school or while on a fieldtrip away from school and none of the above can be reached, the student will be accompanied to the Emergency Room. I hereby appoint Cornerstone Christian School and its representatives to act in my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above-named minor(s) during my absence during the school year.

In the event that the above named student is taken to the Emergency Room, I will assume responsibility for payment of the physician or hospital care.

Signature _____ Relationship to student _____ Date _____
of responsible party

SPECIAL PERMISSIONS

Is there a custody court order for any of the children listed? ___yes ___no ___N/A

If there is someone other than the parents/guardians who need to receive communication and/or report cards, please indicate that here:

Name _____ Relationship _____

Address _____

Email address _____ School emails ___ Report cards ___

Field Trips:

The above named student is granted permission to go on supervised field trips in the Shenandoah Valley and neighboring areas with prior parental notification.

Parent’s Signature _____ Date _____

Promotional Photographs/Website:

The above named student(s) are granted permission to be photographed. These photos may be used for news articles, CCS website, Social Media or for promotional purposes. Please note any exceptions:

Exceptions: _____

Parent’s Signature _____ Date _____