

Our Savior Lutheran School

Student: _____ Sex: **Male** **Female** Grade: _____

Address: _____ City _____ Zip Code _____

Birthdate: _____ E-mail: _____ Home Phone: _____

Father/Guardian _____ Ph: _____

Employer

Mother/Guardian _____ Ph: _____

Employer

1. _____ Ph: _____

Relationship

Address

2. _____ Ph: _____

Relationship

Address

Health Remarks/Allergies: _____

List any medication your child takes regularly: _____

Local Physician/Clinic: _____ Ph: _____

Student SSN: _____ - _____ - _____ Med. Ins. Carrier: _____

12N 3P 5:30P MWF TTh

Parent Signature

Date

BSC ASC BASC Early-Day

2007-08 Academic Year

My child has permission to participate in all field trips and off-campus activities planned for the current school year. I understand that transportation will be provided via chartered bus and or private vehicles. I understand that all reasonable precautions will be taken by Our Savior Lutheran School (OSLS) and its employees to avoid injury to my child. In consideration therefore, I waive any claims for damage and/or injuries that may arise from or may be incident to any field trip or off-campus outing described above to the extent allowed by law. I further understand that OSLS and its employees may not be held responsible for the intentional or negligent acts of other persons who are not its employees.

Consent is hereby given to OSLS to secure medical care for my child should an emergency of illness arise where such service is indicated, including being taken to the nearest facility for emergency treatment. It is clearly understood that any treatment and/or services provided is under the supervision of a physician licensed to practice in the State of Hawaii and the expense of this service will be accepted by me. It is also understood that OSLS will not be liable or held responsible for the care and cost of transportation and medical treatment.

Consent is hereby given to Our Savior Lutheran Church and School to use my child's photograph and/or video for advertising purposes of the school and church.

___May leave the school grounds after school to () ride bus, () walk home, () and/or_____.

___May stay to watch sport games. (Arrangement must be made 24-hours prior to the game. NOTES to teacher preferred rather than phone calls.)

Additional comments:

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____