



BOARDING PASS

Cinco Christian School

26 Yacht Club Dr. NE, Ft. Walton Beach, FL 32548
850-243-7515 www.cincoschool.org

Student's Name _____ Parent/Guardian Name _____

Student's Grade _____ Teacher's Name _____

Mother/Guardian Cell # _____ Work # _____

Father/Guardian Cell # _____ Work # _____

My child, _____, has my permission to be transported by Cinco Christian School on school field trips from August 8, 2024 through May 29, 2025 .

Signature

Date

PERMISSION FOR EMERGENCY TREATMENT

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent/guardian, we request the parent/guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parent/guardian. The designated supervisor of this activity will attempt to contact the parent/guardian prior to exercising the emergency treatment consent. In the event of injury and/or illness to our son/daughter/ward, _____, born, _____,

Student Name _____ Month/Day/Year _____

We hereby authorize a school representative to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Cinco Christian School Representative, Cinco Christian School, and Cinco Baptist Inc. from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

Date

Telephone Number

Signature of Parent/Guardian

Emergency Number

Emergency Contact Person (other than parent or guardian)

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this _____ by _____
Date Name of Person Acknowledged

who is personally known to me or who has produced _____
Type of Identification

as identification and who did/did not take an oath.

Signature of Person Taking Acknowledgment

Name of Acknowledger Printed Stamp

Cinco Christian School Medical Information

Student Data

Name	Grade	Date of Birth (Month/Day/Year)	School Year
Address	City	Home Phone:	

PLEASE CHECK ALL CURRENT CONDITIONS:

Allergy (specify: _____) Anemia Anemia-Sickle Cell Asthma Cancer Cerebral Palsy Diabetes Ear Infection-Repeated Gastrointestinal Condition Headaches-Frequent or Migraine (circle) Hearing Impaired Hypoglycemia Hernia	Heart Abnormality (specify: _____) Hypertension Kidney Disease/Problems Leukemia Muscular Dystrophy Motor/Physical Impairment (specify: _____) Scoliosis Seizure Disorder (specify: _____) ADD (Attention Deficit) ADHD (Hyperactivity) Requires Glasses/Contacts Requires Hearing Aids Other: _____
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PLEASE IDENTIFY ANY OTHER SPECIAL NEEDS OR CONCERNS THAT WOULD NECESSITATE CHANGES IN YOUR STUDENT'S LEARNING ENVIRONMENT:

PLEASE LIST ALL MEDICATIONS CURRENTLY BEING TAKEN

(Home) _____
 (School-see below) _____

MEDICATION TO BE TAKEN AT SCHOOL:

If it is necessary for your child to take prescription medication during school hours, a parent or guardian must complete a Dispersion of Medication Form and bring the medication to the front office. All medication must be in its original container and be labeled with the student's name, including inhalers. The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction. Parents must provide necessary equipment and supplies needed to administer medication

SCHOOL HEALTH SERVICES:

Since a nurse is not available for diagnosis and treatment of injuries, only basic first aid will be administered and parents will be notified. In the event of a life threatening emergency, 911 will be called.

Preferred Physician: _____ Phone: _____
 Preferred Hospital: _____ Phone: _____

Should an emergency occur and parent/guardian, emergency contacts, and preferred physician cannot be reached, may any available doctor be used?
 Yes _____ No _____ If No, what procedures would you wish followed?

Additionally I/We will not hold Cinco Christian School or representative financially responsible for the emergency care and/or transportation for said child.

PARENT/GUARDIAN SIGNATURE _____

DATE _____