

NORTHSTAR CHRISTIAN ACADEMY
EMERGENCY INFORMATION, FIELD TRIP & WEB/PUBLISHING RELEASE
2017-2018 School Year

**Please inform the school if any of this information should change.*

(Print All Information)

STUDENT NAME _____ **DATE** _____
First Last

ADDRESS _____ **MAIN PHONE NUMBER** _____
Street City Zip Code

DATE OF BIRTH _____ **SEX** _____ **TEACHER** _____ **GRADE** _____

FATHER _____ **MOTHER** _____
First Last First Last

Marital Status of Parents: Married Divorced Widowed Single Separated

Child lives with: _____

ADDRESS _____ **ADDRESS** _____

PHONE NUMBER _____ **PHONE NUMBER** _____

OCCUPATION _____ **OCCUPATION** _____

WORK PHONE _____ **WORK PHONE** _____

CELL PHONE _____ **CELL PHONE** _____

E-MAIL _____ **E-MAIL** _____

WEB/PUBLISHING

See attached Consent form

INSURANCE CARRIER AND POLICY NUMBER _____

PHYSICIAN _____ **PHONE NUMBER** _____

DENTIST _____ **PHONE NUMBER** _____

PERSON TO BE CALLED IN CASE OF AN EMERGENCY OR ILLNESS WHEN PARENT CANNOT BE REACHED

1. _____ **PHONE NUMBER** _____
Name Relationship

2. _____ **PHONE NUMBER** _____
Name Relationship

In case of accident or serious illness, I request Northstar Christian Academy to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements that seem necessary.

I give permission for medical information to be shared with appropriate school personnel.

Signature of Parent/Guardian _____

Medical Problems _____

Allergies _____

Other Conditions _____

Hospital Preference _____

**Consent to Photograph, Film, or Videotape a Student For Non-Profit Use
(e.g. educational, public service, or religious purposes)**

I, [_____], on behalf of my minor child, [_____],
NAME OF PARENT CHILD'S NAME

hereby grant the following rights to First Bible Baptist Church, Northstar Christian Academy, and Little Red Book and any of their affiliates, licensees, subsidiaries, or assigns (collectively referred to herein as “the Church”) in consideration of their possible use of my child’s visual depiction, oral statements or any other information and materials supplied by me on behalf of my child (collectively the “material”).

I acknowledge that no promise or representation has been made to me that the Church shall be obligated to use the material in any way, and I acknowledge that the Church shall have sole and absolute discretion and creative control in determining when or whether the material should be used in any manner.

The Church shall have total ownership of the material in perpetuity and throughout the world; the right to edit the material; the right to print the material; the right to broadcast, exhibit, distribute or display the material on broadcast or cable television, satellite transmission, films, photographs, videotapes, videocassettes, videodiscs, the print media, the Internet, radio format, record album, audiocassette format, or by any other method or device now known or hereafter devised; the right to copyright the material; and the right to license others to use these rights.

The Church may use my child’s name, likeness, voice, biographical information and/or other material supplied by me strictly for non-profit purposes, such as advertising, publicity and promotion, but not as an endorsement for any product or service.

I affirm that the use of my child’s likeness, and/or material supplied by me on behalf of my child as described above will not violate the rights of any person or organization and will not incur any liability for payment to any person. I further agree to hold the Church harmless from any and all liability that the Church may incur as a result of its use of the material as stated herein.

ACCEPTED AND AGREED:

Signature _____

Signature of parent on behalf of minor

Name _____

Address _____

Date _____