



SUMMER SAFARI REGISTRATION

Name of Student: _____ Age: _____ Grade: _____

Special Instructions: _____

Father's Name: _____ Cell Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Please list anyone other than parents allowed to pick up child. (A Photo ID is Required and Must be on file).

Please list anyone that is NOT allowed by law to pick up child. **(A copy of court orders is required).**

In case of an Emergency Contact # 1 _____ Phone # _____

Contact # 2 _____ Phone # _____

List any health problems or physical activity restrictions: _____

Any Known Allergies: _____

Weekly fee is \$145.00 per child. Hours of operation are from 7:00 a.m. until 6:00 p.m. There is an additional cost of \$1.00 per minute per child after 6:00 p.m. Weekly fees are due at drop off time on Monday mornings. Any late fees are due in cash at the time of pick up on the day late charges are incurred.

Daily Drop off fee is \$30.00 per day per child. Due at time of drop off.

Lunches: 3 Options

1. Bring your own
2. Safari lunch (made in cafeteria) \$5.00
3. Fast food (different restaurants) \$6.00

Field trips: A schedule of field trips will be available to parents. Cost of fieldtrips will be determined as the trips are finalized.

Medicine: A medical release must be signed for any student receiving medicine (to include over the counter medicine).

Parent or Guardian

Date

2022-2023 EMERGENCY LIST/MEDICAL RELEASE FORM



Student Name: _____

Date: ____/____/____

Grade: _____

Date of Birth: ____/____/____

I hereby give my consent to any emergency medical personnel to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport, by ambulance, if the situation warrants it.

I hereby grant permission for my son/daughter to participate in any and all sports. I waive, release, absolve, and hold blameless **HILLSBOROUGH BAPTIST SCHOOL** and **LANDMARK BAPTIST CHURCH** and their administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities and other participants, from any claim arising out of an injury or sickness to my child. I authorize the personnel at **HILLSBOROUGH BAPTIST SCHOOL** to administer first aid to my child in the event of their involvement in accident, injury, or sickness.

If my child should become ill or injured at HBS, I understand that the school will:

1. Contact me immediately or
2. Contact the person(s) I have designated. Hillsborough Baptist School is authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Guardian Home Number

Guardian Work Number

Guardian Cell Number

Guardian Home Number

Guardian Work Number

Guardian Cell Number

Emergency Contact List (Must have 2 other contacts outside of guardians according to FL Statutes)

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Name:		Relationship:
Home Number:	Work Number:	Cell Number:

Emergency Information

Child's Doctor _____ Office Phone _____

Insurance Name _____ Policy # _____ Hospital Preference _____

Medical History

- Previous Hospitalization? Y N If yes, why? _____
- Is child allergic to anything? Y N If yes, what? _____
- Any previous illness or disease? Y N If yes, what? _____
- Is the child under the care of a doctor? Y N If yes, why? _____
- Any history of convulsions? Y N If yes, please List: _____
- Does child take prescribed medications on daily basis? Y N Please List: _____
- Are there any special instructions that we should know? Y N Please List: _____
- Explain: _____

THIS FORM MUST BE NOTARIZED: (A Notary is available in the school office)

MUST be signed in the presence of the Notary!

Parent Signature

Print Name (please print clearly)

Date

Driver License #

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public _____