



Kids' University

Summer Student Information

2018

Please fill out completely

Student Name: _____

Gender: M F Birth Date: ___/___/___ Age: ___ Grade Entering '18: ___

Student Name: _____

Gender: M F Birth Date: ___/___/___ Age: ___ Grade Entering '18: ___

Student Name: _____

Gender: M F Birth Date: ___/___/___ Age: ___ Grade Entering '18: ___

Address: _____

Dad's Name: _____

Mom's Name: _____

Dad's Cell #: (____) _____

Mom's Cell #: (____) _____

Dad's Text #: (____) _____

Mom's Text #: (____) _____

Dad's Work #: (____) _____

Mom's Work #: (____) _____

Dad's Email: _____

Mom's Email: _____

Dad's Home #: (____) _____

Mom's Home #: (____) _____

Please list known FOOD ALLERGIES: _____

Person/persons other than parent to be contacted in case of Emergency:

1. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Home Phone #: (____) _____

2. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Home Phone #: (____) _____

3. Name: _____ Relationship: _____

Cell Phone #: (____) _____ Home Phone #: (____) _____

Authorized Student Release

Students will be released to authorized individuals ONLY.

All individuals listed on page one are authorized to pick up students.

*****Please note that if a person comes to pick up your child and is not on this list they will not be allowed to pick up your child! *****

Make sure this list is kept current and updated.

Contact (1) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (2) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (3) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (4) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (5) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (6) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (7) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

Contact (8) Name: _____ **Relationship:** _____

Cell Phone #: (_____) _____ Home Phone # : (_____) _____

I authorize the above individuals to sign for release of my child.

Parent/Guardian Signature

Date

General Release Form

I agree to hold harmless Loma Linda Academy, Kids' University, Drayson Center, and Southeastern California Conference of Adventists, Their sponsors and all employees thereof, for liability arising from any accident or injury while my child is engaged in the activities associated with Kids' University. This includes but is not limited to sports, classes, field trips, and other activities. This specifically includes injury arising from the negligence on the part of those listed above. This recognizes a shared responsibility between school, student, and home. This does not include gross negligence on the part of those listed above. This does not waive coverage within the policy limits of student accident insurance, which covers school – sponsored activities.

I have read the general release and understand its terms and conditions.

Parent/Guardian Signature

Date