

# ZEPHYR CHRISTIAN THURSDAY SCHOOL



**Orientation Day ... October 1, 2020 at 6:30 p.m. – 8:00 p.m.**

(Orientation Day is actually the first day of class. We hold it in the evening so parents can attend to experience what your child will be learning at Thursday School)

**Regular Hours begin ... October 8, 2020 at 9:30 a.m. – 11:30 a.m.**

**Please complete the attached forms and return asap to:**

**Zephyr Christian Church  
5940 Dogwood Street  
Zephyrhills, Florida 33542-3867  
(813) 782-8893**



ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(street/PO box)

\_\_\_\_\_ (city) (state) (zip code)

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(street/PO box)

\_\_\_\_\_ (city) (state) (zip code)

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(street/PO box)

\_\_\_\_\_ (city) (state) (zip code)

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(street/PO box)

\_\_\_\_\_ (city) (state) (zip code)

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**PHYSICIAN TO BE CALLED IN AN EMERGENCY**

Name: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city)

Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM THURSDAY SCHOOL**

(Please notify your authorized person(s) that a form of photo ID will be required when picking up child.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDICAL INFORMATION FORM**

Parents please include information on any allergies, operations or any medical condition which the Thursday School should know about and be alerted to.

My child \_\_\_\_\_ has a diagnosed medical condition of  
(child's name) \_\_\_\_\_ and needs to be closely  
observed for these symptoms, \_\_\_\_\_  
\_\_\_\_\_

Any known allergies?     yes     no

If yes, please list items allergic to along with symptoms.

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Animal(s): \_\_\_\_\_

Special instructions that would assist our staff in caring for your child: \_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_ is taking the following medications: \_\_\_\_\_  
(child's name)

**(Note: If your child will need to take medication during the hours of Thursday School, please plan to be present or your designee, to administer the medication.)**

I understand that any allergic reactions or special conditions will be noted and posted by the Thursday School.

**Parents signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent: If no known conditions, please write "none known" in the appropriate space and sign)

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**AUTHORIZATION TO CONSENT TO EMERGENCY VEHICLE TRANSPORTATION**  
**FORM**

In the event that I, \_\_\_\_\_, a lawful parent  
or guardian of the child \_\_\_\_\_,

(child's full name)

can not be reached by telephone, I hereby appoint staff and/or teachers at the Zephyr  
Christian Thursday School to authorize transportation by an emergency vehicle (i.e.,  
ambulance) to the Florida Hospital, 7050 Gall Blvd, Zephyrhills for medical and  
emergency treatment.

**AUTHORIZATION TO CONSENT TO MEDICAL CARE**

In the event that I, \_\_\_\_\_, a lawful parent or  
guardian of the child \_\_\_\_\_ can not be reached

(child's full name)

by telephone, I hereby give consent and appoint the staff and/or teachers at the Zephyr Christian  
Thursday School to act in my behalf until I can be reached for the following purpose:

To authorize any and all medical and hospital care and treatment. If surgery is required or  
deemed necessary the recommendation by two licensed physicians will be required.

I give this authorization in advance of any care or treatment being required in order to provide  
any and all care and treatment that might be necessary in my absence to my child.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE FORM**

I, \_\_\_\_\_ authorize my child \_\_\_\_\_  
(parent) (child)

To be photographed during school hours and at special school events for program purposes. I understand that I will not be receiving any type of reimbursement or compensation for these photographs. Photographs will be used for learning and/or craft projects at the school, and may also be used for presentations at the Zephyr Christian Church.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ADDITIONAL INFORMATION**  
**(OPTIONAL)**

The following space is for any additional information that you feel would help our Thursday School volunteers as they work with your child. It is always nice to know a little about each student before they arrive for the first time.

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Are there any ways in which the Zephyr Christian Church could be of service to you and your family? If so, please let us know in the space below or by calling our Lead Teacher Pat Nicholson at (813) 782-8893 or Denise Stewart (724) 494-4594. Thursday School volunteers are always available ,also.

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