



STUDENT AUTHORIZATION FORM

— USE A PEN & PRESS FIRMLY —

Child's Name _____ Birthdate _____ Teacher _____

Parent Name(s) _____ Daytime Phone _____

Address _____ Is this a change of address or phone? Yes No

— Information requested is in effect for the school year through September 30 of the following year. —

EMERGENCY MEDICAL TREATMENT Occasionally when a student requires emergency medical care, parents and emergency contacts are not available. In that event, further guidance from you is requested.

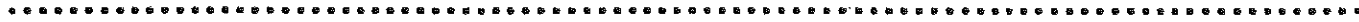
I authorize designated school personnel to seek emergency treatment from the nearest hospital and to share significant medical history/allergies with the emergency care provider.

Family Physician _____ Phone _____

Allergies _____

Family Health Insurance _____ (Name and Policy Number)

Preferred Hospital _____



EDUCATIONAL FIELD TRIP AUTHORIZATION Learning experiences away from the school may be planned during the school day to enrich the curriculum. Students are supervised appropriately according to the activities planned.

My approval is given for my child to participate in field trips. The school will, however, notify me in advance with precise date, time and destination. At that time, I will have the right to notify the school and request my child not participate.



EMERGENCY SCHOOL CLOSURE Emergency situations may periodically cause our schools to be closed. Our main concern at these times is for the safety of your child. We do not have the personnel or telephones to call all parents when such an emergency occurs and we are aware that many parents may not be home during the day. It is the parent's responsibility to update the information below when changes occur. If the persons below cannot be reached, the school personnel are authorized to use their best judgement in releasing your child. To prepare for an unexpected early school dismissal, please assist us by establishing a plan with your child and indicating your choice below:

- 1. My child will ride the bus and has been instructed by me about what to do.
- 2. I will make arrangements for my child to be picked up at school within an hour of emergency closure.
- 3. My child may be released to walk and has been instructed by me about what to do.

If you choose #2 above: Besides myself, the following people may pick up my child:

Name: _____ Phone Number(s) _____

Name: _____ Phone Number(s) _____

Parent/Guardian Signature _____ Date _____