

EMERGENCY CONTACT INFO & PERMISSION FORM



ACTIVITY, TRIP AND EMERGENCY TREATMENT CONSENT

To help us protect your child in the event of an emergency, please return this form each year before the start of classes.

Student's Full Name **Date of Birth**

Address

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Parent 1 _____ Home Phone _____

Cell Phone _____ Work Phone _____

Parent 2 _____ Home Phone _____

Cell Phone _____ Work Phone _____

To be notified if above cannot be reached: _____

Relation to student _____ Home Phone _____

Cell Phone _____ Work Phone _____

Alternative to above emergency contact: _____

Relation to student _____ Home Phone _____

Cell Phone _____ Work Phone _____

STUDENT'S PHYSICIAN

Name _____ Telephone _____

Address _____

HEALTH INSURANCE Certificate/Plan Number _____

Name of Insurance Plan _____

Address _____ Telephone _____

ACTIVITY AND TRIP CONSENT

Unless written notice to the contrary is received in advance, _____

STUDENT'S FULL NAME

shall be deemed to have my permission to take part in any and all activities on or off the campus and to ride in vehicles driven by PINE COBBLE faculty members or parents or in busses chartered by the school.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PLEASE COMPLETE BOTH PAGES OF FORM

PERMISSION FOR TREATMENT

A reasonable effort is made to contact and inform the parents or guardian in case emergency medical, dental, psychological and surgical diagnosis, care, treatment and/or hospitalization is deemed necessary or advisable for the student. On some occasions, the parents or guardian cannot be reached. Accordingly, parents or the guardian are requested to sign the following:

The undersigned, being the parent(s)/guardian of _____, **STUDENT'S FULL NAME**

a student at PINE COBBLE SCHOOL, do(es) authorize its designated personnel to consent to health diagnosis and/or treatment for and of my/our above-named child whether it be medical, psychological and/or surgical (including provision of necessary anesthesia, if indicated) and to release any information to facilitate diagnosis, care and/or treatment deemed necessary by these designated personnel.

In addition, during the school years which my child attends PINE COBBLE SCHOOL, I/we hereby acknowledge an awareness that participation in all sports, activities and events involves a risk of injury, which may rarely include severe injuries possibly involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participation by my/our child in all sports, activities, events during the year.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PERMISSION TO DISPENSE MEDICATION

List medications taken on a regular basis:

Med. _____ Dosage _____ Frequency _____

Med. _____ Dosage _____ Frequency _____

Med. _____ Dosage _____ Frequency _____

I authorize a representative of Pine Cobble School to dispense the above noted medications and/or over-the-counter medications as noted above. PLEASE NOTE: The School does NOT provide medication.

DATE

SIGNATURE OF PARENT OR GUARDIAN

E-MAIL

Please give us your e-mail address so that you can be kept informed about Pine Cobble School events and activities electronically:

E-mail 1 _____

E-mail 2 _____