

Emergency Information

Academic Year 2017/2018

Family Name: _____

Address: _____

List all Kingswood Students

Student Name	Grade	D.O.B.	Student Name	Grade	D.O.B.

In case of an emergency please contact the following: (indicate with an * which number to call first)

Name of Contact	Home Phone	Work #	Cell #	Email Address
Father:				
Mother:				
Relative:				
Relationship:				
Neighbor:				

	Address	Office Phone
Doctor:		
Dentist:		
Hospital of choice:		

Please fill out information for any child's medical needs we need to know quickly. (For teacher reference)

Student	Grade	Allergies (food, drug, insect bites)	Medical Condition	*Current Medication *see back for details

I, _____, authorize the Kingswood Academy personnel to provide my child/ren with any necessary medical treatment in my absence.

Parent Signature: _____

PLEASE FILL OUT AND SIGN THE BACK OF THIS FORM

It is illegal for Kingswood Academy personnel to administer any medication including aspirin to the students without consent from a parent/guardian. If your child needs to take medication during the school day, you must give written consent along with the medication.

Medicine Authorization

In the event of a medical emergency, I hereby authorize Kingswood Academy and its employees, on my behalf, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of an employee) lawfully prescribed or non-prescription medications. I acknowledge that it may be necessary for the administration of medications to my child to be performed while supervised by an individual other than a school nurse. I specifically consent to such practices.

Student	Type of Medication	Dosage	Time of Administration

Parent Signature: _____

General permission to take students off-campus

During the school year, we take walking or driving field trips to Darien Community Park, Indian Prairie Library, etc. We would like your permission to take the students on these and other local field trips for this academic school year.

_____ Yes, I give permission for my child(ren) to go on walking and driving field trips for this academic school year.

OR

_____ No, I do not give my child(ren) permission to go off-campus on these field trips.

Parent Signature: _____

Permission form for Promotional photos (Please choose one)

_____ I give permission for my child(ren) to be photographed for promotional materials including websites, brochures, etc.

OR

_____ I do **not** want my child(ren) to be photographed for promotional purposes.

Parent Signature: _____