

NAME OF STUDENT: _____

EMERGENCY INFORMATION: *These people should be contacted in case a parent and/or guardian is unavailable in an emergency situation. However, every effort will be made to notify the parent and/or guardian.*

Name	Relationship	Address	Daytime Telephone
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Name	Relationship	Address	Daytime Telephone
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Name of Physician	Address	Daytime Telephone
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Please indicate any significant health issues which may result in a classroom emergency, e.g., epilepsy, fainting, diabetes, asthma, convulsions, bee stings, allergic conditions, etc. _____

Is the student subject to any condition that should be communicated to emergency personnel? If yes, please explain.

Please list any medications regularly taken by the student. _____

INSURANCE INFORMATION:

Name of Insured: _____ Insurance Carrier: _____

Relationship of Insured to Student: _____ Group Number: _____ Insured's ID Number: _____

MEDICAL EMERGENCY PROCEDURES: The following practices will be followed should it be necessary to transport a student to the hospital.

Hospital Preference: _____

All reasonable efforts will be made to honor a hospital preference. However, in emergency situations, the School will defer to the judgment of any emergency medical transport personnel on the choice of hospital.

In the event of a serious MEDICAL EMERGENCY involving an illness or injury, the child will be transported to a hospital emergency department. In such circumstances, a diligent effort will be made to contact parents, other designated individuals, or the child's physician. To deal with a circumstance in which a child experiences a serious MEDICAL EMERGENCY where neither parent nor guardian can be reached, the School requires that the following Medical Consent Form be signed. This is intended to facilitate prompt medical attention for a child in the event that parents or guardians are not present or cannot be reached to give authorization for emergency medical treatment. The completion of this form will not preclude the school's attempt to promptly notify parents or the child's physician, but is intended to allow emergency medical transport personnel, physicians, and/or hospital personnel to initiate prompt care when most needed in the event of a medical emergency.

MEDICAL CONSENT:

In the event of a serious medical emergency, the Head of School or other authorized school personnel have my permission to have the above named child transported to a hospital emergency department. I further give my permission to the emergency medical transport personnel, physicians, and/or hospital emergency department personnel where my child is taken to treat the above named child in an emergency situation.

INITIAL OF PARENT: _____

May the school administer a non-aspirin pain reliever if the child requests it? **Y** **N**

INITIAL OF PARENT: _____

BEHAVIOR CONSENT:

I understand that as a participant in the Summer Rrogram, I agree to abide by the following rules:

- 1) Treat everyone (students and teachers) and everything with respect.
- 2) Be kind, courteous, and polite.
- 3) Use appropriate language and appropriate behavior at all times.

I understand that if I refuse to follow these rules, I may be asked to leave the Summer Program without receiving a refund.

SIGNATURE OF STUDENT: _____

INITIAL OF PARENT: _____

PUBLICATION RELEASE: I agree to allow my child's image to be used in future All Saints' publications.

INITIAL OF PARENT: _____

Or write "NO"