



# Emergency Care Information & Authorization 2018-2019

## LINTON HALL SCHOOL

**\*Please be sure to complete every section of this form as it must be completely filled out for licensing purposes.**

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Main Phone Number (\_\_\_\_) \_\_\_\_\_ Family Email: \_\_\_\_\_

Gender \_\_\_\_\_ Class/Grade \_\_\_\_\_

*For statistical purposes:*

**Student's Ethnic Background:** African American [ ] Asian [ ] Caucasian [ ] Latino/Hispanic [ ]

Middle Eastern American [ ] Multi-racial [ ] Native American [ ] Pacific Islander [ ]

Other (please specify) \_\_\_\_\_

**Primary Language spoken at home** \_\_\_\_\_

**Public School & County your child would have attended:** School \_\_\_\_\_ County \_\_\_\_\_

**Student's Physician** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_

**Student's Dentist** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_

**Outstanding Medical History (e.g. diabetes, heart disease, contact lenses, etc)**

**Child's allergies (if any)** \_\_\_\_\_

**Medications child is taking** \_\_\_\_\_

**Date of last tetanus shot** \_\_\_\_\_

**(Please inform the office IMMEDIATELY of changes in any information on this form.)**

**Mother**

**Father**

**Full Name** \_\_\_\_\_

\_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_

*(if different than child)*

**Home Phone** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone** \_\_\_\_\_

\_\_\_\_\_

**Work Phone** \_\_\_\_\_

\_\_\_\_\_

**Occupation/Employer** \_\_\_\_\_

\_\_\_\_\_

Are parents separated? \_\_\_\_\_ Is either parent deceased? \_\_\_\_\_ With whom does the child live? \_\_\_\_\_

**Emergency contacts – to be contacted if parents are not able to be reached in case of an emergency:**

**Local Emergency Contact (1)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**Local Emergency Contact (2)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

**Permissions/Waivers**

**Please check the boxes below to give LHS permission for the items listed:**

**Activities Permission**

I give my permission for my child to participate in all Linton Hall School sponsored, school approved and Extended Day activities and agree that the liability of Linton Hall School shall be limited to damages resulting solely from its negligence. This permission shall include, but are not limited to water play, field trips, sports, extracurricular and after-school activities, and other special programs/activities.

**Media Waiver**

Linton Hall School will be taking lots of pictures and videos all year long to capture memories. All students' pictures will be displayed in the school, in classroom memory books, as well as classroom/school slideshows and emails. In addition, Linton Hall School uses photographs and videos in marketing of school programs in various forms of print literature, television, on our website, and on our social media sites. Below we ask you to grant or deny permission for us to use your child's photographs for these purposes outside of school. **\*\*LHS will never identify child by name.\*\***

<b>Outside of School Photography Use</b>	<b>Permission Granted</b>	<b>Permission Not Granted</b>
Print Literature <i>(LHS advertising brochures, newspapers)</i>	[   ]	[   ]
Internet <i>(LHS website &amp; social media: facebook/twitter)</i>	[   ]	[   ]
Television/Broadcasts	[   ]	[   ]

**Family Contact Information**

	<b>Permission Granted</b>	<b>Permission Not Granted</b>
Family Contact Information to <i>Classmates</i>	[   ]	[   ]
Family Contact Information in <i>School Directory</i>	[   ]	[   ]

**Medical Authorization**

I agree to notify the school within 24 hours if my child or any member of their immediate household has developed a communicable or life threatening disease. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.

**Life Saving Treatment and Medication**

In the event that there is an emergency and my child needs life-saving medication or measures, I understand that the person administering the treatment or medication may or may not be trained or experienced in administration of First Aid/CPR and/or medication. I knowingly consent to these procedures and request that treatment or medication be administered.

**Agreement of Consent**

I agree to abide by all Linton Hall School policies and procedures and to be fully involved in the school community. I certify the above information provided in this document to be true and accurate to the best of my knowledge.

**Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_