

Excursions in Learning Health and Safety Form

2009 Health and Safety Information

Please print clearly. Complete all information.

Nurse's Copy

To ensure your child's safety and supervision at all times, please complete this double-sided form. The student will not be admitted to class unless **ALL** information is complete! Failure to disclose this information may result in dismissal from the program without the possibility of a refund.

STUDENT INFORMATION

Name: Last _____ First _____ Middle Initial _____
Address _____
Home Phone: _____ Home Email _____
Date of Birth _____ Male Female
Class(es) AM _____
PM _____

CONSENT FORM

In the unlikely event that reasonable attempts to contact me (the child's parent/guardian), have been unsuccessful, I hereby give my consent for the physician or dentist listed to arrange for emergency transportation and/or administer care; or in the event that the physician or dentist designated on this form is/are unavailable, I hereby give my consent for the staff nurse to arrange for emergency transportation and /or care, (using the information provided on this form.)

(Parent/Guardian Signature) Date Print Name

EMERGENCY CONTACTS

1st Contact:

Full Name _____
Address _____
Phone (home) _____
Work _____
Cell _____
Relationship to student _____

EMERGENCY CONTACTS

2nd Contact:

Full Name _____
Address _____
Phone (home) _____
Work _____
Cell _____
Relationship to student _____

MEDICAL INFORMATION

Hospital Information

If a serious medical emergency occurs, if time allows, my preferred choice of treatment centers would be:

Hospital Name _____
Location _____
Phone _____

Physician Information

Name _____
Practice Name _____
Office Phone _____

Dentist Information

Name _____
Practice Name _____
Office Phone _____

Student Medical History

(Please attach a copy of any facts concerning your child's medical history if additional space is needed.)

- Date of Last Tetanus Shot _____
- Condition(s) _____
- Allergy(ies) _____
- Medication(s) *(If allergy or other medications need to be administrated during the Excursions program, please obtain a medical authorization and bring signed authorization and medication to nurse on the first day)* _____
- Concerns *(Including any other information/concerns that you want your child's teacher to know)* _____

Excursions in Learning Health and Safety Form

Instructor's Copy

STUDENT INFORMATION

Name: Last _____ First _____ Middle Initial _____
Home Phone: _____ Home Email _____
Class(es) AM _____ Include AM a la Carte if applicable
PM _____ Include PM a la Carte if applicable

PHOTO RELEASE

Photo Release Policy: As part of our ongoing effort to promote the Excursions Program, we may take pictures of children involved in various learning activities. Do we have your permission to photograph your child during Excursions? Yes No

(Parent/Guardian Signature)

Date

Print Name

SIGN-IN/ SIGN-OUT PROCEDURES

Your child's safety is our primary concern. All students must be signed in at the beginning of the day, and signed out at the end of their half or full day program.

- **Permission to walk** (for students completing grades 6-8)

_____ has my permission to walk the agreed upon place _____ at the end of his/her class.

- **Permission to escort a younger child** (for students completing grades 6-8)

_____ has my permission to escort my child, _____, to the agreed upon place _____ at the end of his/her class.

- **Authorization to Release**

In the event that ***I am unable to pick up my child*** from his/her class, I will notify the instructor or coordinator in advance (if possible) and authorize one of the following adults to sign him/her out. Identification will be required at time of pickup.

Full Name _____	Full Name _____
Address _____	Address _____
Phone (home) _____	Phone (home) _____
Work _____	Work _____
Cell _____	Cell _____
Relationship to student _____	Relationship to student _____

(Parent/Guardian Signature)

Print Name

Date