

ALL SAINTS' EPISCOPAL
DAY  SCHOOL

EMERGENCY FORM

Name of Student _____ Grade for 2022-2023 _____

Address _____ Primary Telephone _____

Zip _____ Date of Birth _____

Mother _____ Employer _____

Work Telephone _____ Cell _____

Father _____ Employer _____

Work Telephone _____ Cell _____

Transportation

List the people who are authorized to pick up your child.

Name	Relationship	Telephone
------	--------------	-----------

_____	_____	_____
-------	-------	-------

Code Word This word must be used by all persons who pick up your child. _____

Medical

In case of serious accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician, and the school may make whatever arrangements seem necessary. In case of hospitalization, please indicate the hospital preferred _____

Physician _____

Student's Insurance Company _____

Policy # _____

List allergies or other medical conditions _____

May Tylenol be given? Yes No May antacid tablet be given? Yes No

May ibuprofen be given? Yes No

Signature of Parent or Guardian _____

Date _____



(OFFICE USE)

2022 SUMMER CAMP MEDICAL AUTHORIZATION AND RELEASE

This form constitutes a permission statement that must be signed by a parent or guardian. All of the information on this form is confidential and will not be released to unauthorized persons.

STUDENT'S Name: _____ Age: _____ Date of Birth: ____/____/____
First Middle Last

I UNDERSTAND THAT A LICENSED HEALTH CARE PROVIDER IS NOT EMPLOYED BY ALL SAINTS' EPISCOPAL DAY SCHOOL IN THE SUMMER TO ADMINISTER MEDICATION. I GIVE MY PERMISSION FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIBED MEDICATIONS, WHICH I HAVE LISTED BELOW.

Medications: _____

Medical Conditions: _____

Allergies: _____

Insurance Co: _____ ID or Policy #: _____

I, the undersigned, do hereby authorize officials at All Saints' Episcopal Day School to contact directly the persons named on my child's EMERGENCY CARD and do authorize the named physicians/hospital to render such treatment as may be deemed necessary in any emergency for health of said child.

I agree that I will not hold All Saints' Episcopal Day School nor any employee of All Saints' Episcopal Day School responsible for any injury or damage to said child resulting from the emergency care and/or transportation for said child.

Signature of Parent/Guardian: _____ Date: _____

SUMMER 2022 PERMISSION FOR FIELD TRIPS

I do hereby grant permission for my child - listed below - to participate in any field trip sponsored by All Saints' Episcopal Day School throughout the year.

Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Should my child sustain or incur any accident or illness on an All Saints' Episcopal Day School field trip, I hereby authorize an All Saints' Episcopal Day School employee or chaperone to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

I further agree that I will not hold All Saints' Episcopal Day School, employees of All Saints' Episcopal Day School, chaperone and/or driver for All Saints' Episcopal Day School responsible for any injury or damage sustained by my child while participating on an All Saints' Episcopal Day School field trip.

Signature of Parent/Guardian: _____ Date: _____

.....

SUMMER 2022 PUBLICITY RELEASE

Photographs of our students and/or information about our school activities are published regularly on our monthly calendar, on our website, or through other media. Your child's photograph or name (individually or in a group) will be included or excluded, according to this authorization form.

A. I give permission for the release of my child's personally identifiable data (photographs, honor roll, awards, etc.) to the media (school website, TV, newspapers, radio, advertising, etc.)

B. I do not give permission for the release of my child's personally identifiable data (photographs, honor roll, awards, etc.) to the media (school website, TV, newspapers, radio, advertising, etc.)

Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____