

Grade _____
Birthday _____

THE EPISCOPAL DAY SCHOOL
Emergency Contact Information
2010-2011 School Year

Name _____
Last Name First Name Middle Name

Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Home phone # _____

Work phone # _____ Cell phone # _____

E-mail address: _____

Father's Name _____ Home phone # _____

Work phone # _____ Cell phone # _____

E-mail address: _____

EMERGENCY CONTACTS:

Name _____ Relationship _____

Home phone # _____ Work phone # _____ Cell phone # _____

Name _____ Relationship _____

Home phone # _____ Work phone # _____ Cell phone # _____

Child's Physician _____ Phone # _____

Please detail any allergies (medication, environmental or food allergies) or any other medical conditions or instructions: _____

I understand that the Episcopal Day School has no certified healthcare professional on staff. The School will dispense only medications prescribed by the child's doctor or sent by the child's parents, marked with the child's name and dispensing instructions.

Parent/Guardian signature

Date

FIELD TRIPS:

I authorize representatives of the Episcopal Day School to take my child on field trips and excursions by automobile, bus or walking. I agree to hold harmless the Episcopal Day School for all damage to the person or property of my child as a result of my child's attendance at the designated field trip. I further agree to assume responsibility for and hold harmless the Episcopal Day School for damage to other persons or property in any way caused or contributed by my child.

Parent/Guardian signature

Date

PERSONS, BESIDES PARENTS, ALLOWED TO PICK UP STUDENT:**

1) _____
Name Relationship to Student Daytime phone #

Driver's License State and #

Person's Signature

2) _____
Name Relationship to Student Daytime phone #

Driver's License State and #

Person's Signature

3) _____
Name Relationship to Student Daytime phone #

Driver's License State and #

Person's Signature

4) _____
Name Relationship to Student Daytime phone #

Driver's License State and #

Person's Signature

****Please note than no one other than the people listed above will be allowed to pick-up your child from School. NO EXCEPTIONS.**

I authorize the Episcopal Day School to use my child's photograph in School related programs, booklets, advertisements and/or website.

Parent/Guardian signature

Date