



Emergency Information and Authorizations 2018-2019

Please carefully complete **ALL** the requested information.
A separate form must be provided for each student.
This form must be completed and returned prior to first day of attendance.

STUDENT NAME (First, Middle, Last)	DATE OF BIRTH	Grade
PARENT/GUARDIAN CONTACT INFORMATION (PLEASE PRINT NEATLY!)		
Parent/ Guardian #1	Name	Place an "X" on any line below if you do NOT want that item published in our family directory
	Address	
	City, State, Zip	
	Home Phone	
	Cell Phone	
	Email 1*	
	Email 2*	
Parent/ Guardian #2	Name	
	Address	
	City, State, Zip	
	Home Phone	
	Email 1*	
	Email 2*	

**** NOTE: Our primary form of school communication is email. We send newsletters, reminders, weather-related school closings and other important information via email.
You may list more than one email address per person if you prefer.***

Student Name _____

EMERGENCY INFORMATION (PLEASE PRINT NEATLY!)

AUTHORIZATION TO ACT IN AN EMERGENCY:

_____ I authorize emergency care for my student in the event I cannot be reached.

**EMERGENCY CONTACT INFORMATION - MUST have 2, cannot be parents.
All information MUST be provided. PLEASE PRINT NEATLY!**

Contact #1 Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
Authorized to pick up from school? Yes No (circle one)

Contact #2 Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____
Authorized to pick up from school? Yes No (circle one)

**Please list any additional persons who are authorized to pick up this student from school.
All information MUST be provided.**

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____

Please list any known persons who are NEVER authorized to pick up this student (if any):

PARENT/GUARDIAN SIGNATURE **DATE**

Please list any allergies or other medical conditions we should know about

OTHER PERMISSIONS (please check any/all for which you give permission)

_____ **Photo Publication Policy**

We would like to use photos of our students in newsletters and on the webpage. Students featured in the pictures will not be identified by name without prior permission from the parent/guardian. Please indicate if you are in agreement with this policy by checking this line. If you are not in agreement, please list any restrictions:

_____ **Permission to apply sunscreen, vaseline (for dry lips), and/or lotion (for dry skin)**

I give permission for the Newman School staff to apply sunscreen, vaseline, and/or lotion as needed. NOTE: Parents to provide items if student is product sensitive.

_____ **Permission to use diaper wipes**

I give permission for the Newman School staff to use diaper wipes as needed. NOTE: Parents to provide items if student is product sensitive.

_____ **Permission to take short neighborhood walks**

At the teacher's discretion, occasionally students are taken on short neighborhood walks. Additional staff (besides the teacher) always accompany these walks. Please indicate your permission to allow this activity.

_____ **FOR ALL NEW STUDENTS AND THOSE ENTERING KINDERGARTEN:** I understand that my student may not attend school until this form and all health and vaccination paperwork is submitted to the school. Forms are enclosed in this mailing and must be mailed OR faxed (651-698-8912) to school by August 17. (THIS IS A STATE LAW.)

PARENT/GUARDIAN SIGNATURE

DATE