

# Student Emergency & Photo Permission 2009-2010

*Please complete the Front and Back portion!*

Child's First and Last Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

<b>Parent/Guardian (1) Name:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____ <b>Zip:</b> _____ <b>Home Phone:</b> _____ <b>Pager:</b> _____ <b>Work Phone:</b> _____ <b>Cell#:</b> _____ <b>Partner's name:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____ <b>Zip:</b> _____ <b>Home Phone:</b> _____ <b>Pager:</b> _____ <b>Work Phone:</b> _____ <b>Cell#:</b> _____
<b>Parent/Guardian (2) Name:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____ <b>Zip:</b> _____ <b>Home Phone:</b> _____ <b>Pager:</b> _____ <b>Work Phone:</b> _____ <b>Cell#:</b> _____ <b>Partner's name:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____ <b>Zip:</b> _____ <b>Home Phone:</b> _____ <b>Pager:</b> _____ <b>Work Phone:</b> _____ <b>Cell#:</b> _____

**In case of emergency, when parent/guardian cannot be reached, contact:**

1- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Physician:</b> _____ <b>Phone:</b> _____ <b>Date of last physical exam:</b> _____ <b>Regular Dentist:</b> _____ <b>Phone:</b> _____
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**Serious illness, accidents, or surgery (give dates):**

***Other:*** Does your child have any specific health problems or use any assistive devices which the staff should be aware of? (Vision or hearing loss, allergies including drug reactions, convulsions, etc.)

No:  Yes:  **Does your child take any prescription medications of which GS should be aware?**

**If yes, you'll need to pick up a Medical Consent Form from the Main Office. You must fill out this form before we can give your child any medications!**

**Optional out-of-state phone number in case of major earthquake: \_\_\_\_\_**

**Consent to Medical Care and Treatment**

I, \_\_\_\_\_, the natural parent/legal guardian of \_\_\_\_\_ authorize and consent to medical, surgical physician or hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I also give permission for my child to be transported by aid car/ambulance, or staff car in the event of an emergency to a medical treatment facility. I further give my permission for the staff of Giddens School to administer Cardio-Pulmonary Resuscitation and/or first aid to my child if necessary. If I cannot be contacted, I waive my right of informed consent to such treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Field Trip Permission**

In consideration of Giddens School accepting my child for enrollment, I authorize the school to take my child on such field trips or excursions away from the properties of the school as teachers and other authorized personnel and agents of the school deem advisable or appropriate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Photo Permission**

Giddens School occasionally photographs scenes of school life, including students, staff and families. The photos are used primarily for in-house documentation of our learning community. Selected photographs may be used on the school web site and publications without names and other identifying information.

Unless permission is revoked, the school assumes permission to include photographs of your child or family, or excerpts, portions or edited versions of those photos, on the Giddens School web site, other publications, in any electronic or other media, and to use those photos for any lawful purpose Giddens School deems appropriate.

Giddens School will be the sole owner and copyright holder of those photos and the film, prints, negatives, or other media on which they are stored, and no other party shall have any interest therein. Giddens School may transfer such rights and permit others to have such rights. This permission and release applies to all photographs taken prior to revocation and delivery of revocation in writing to Giddens School.

**SIGN BELOW ONLY TO REVOKE PERMISSION.**

I decline to agree to the Permission and Release described above. \_\_\_\_\_

**Signature of parent or guardian**

**Giddens School Emergency Plan**

Giddens School has an emergency plan detailing the school's standard procedures in response to various emergency situations (earthquake, fire, etc..). By signing below I understand that if I wish to view the Giddens School Emergency Guidelines I may do so by requesting to view a copy from the main office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian