

2008-09 AUTHORIZATION & INFO. FORM

Student: _____

Phone Numbers	Home:	DATE OF BIRTH:
	Her Work:	His Work:
	Her Cell:	His Cell:
Person to call if parent unavailable	Name:	Phone:
Student's physician	Name: Address:	Phone:
Preferred Hospital	Name: Address:	Phone:
Student's Insurance	Carrier: Named insured:	Group: Insured's employer:
Student allergies or medical conditions		
Medications taken by student		

I/we will promptly update the above information if any of it changes.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT & HOLD HARMLESS & INDEMNITY

If my child needs emergency medical treatment while in the care of Poetry Community Christian School (PCCS) and if PCCS is unable to reach me or my emergency contact, I authorize PCCS or person in charge to give consent to any necessary emergency treatment or care. I RELEASE, HOLD HARMLESS & INDEMNIFY PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR SUCH TREATMENT OR CARE.

PERMISSION TO ADMINISTER MEDICATION & HOLD HARMLESS & INDEMNITY

I authorize PCCS to administer prescription medications (meds) to my child when I send them. Such meds will be sent in ziplock bag (with child's name written on the outside). All such meds must be in original container with child's name, date filled, dosage instructions, & physician's name. I also authorize PCCS to administer non-prescription meds to my child when I bring them (such meds must be in original container with dosages for my child's age and/or weight indicated). I will leave written instructions as to dosage and time that any meds are to be given. I will bring all meds to the school's Front Office, not in my child's belongings. I authorize PCCS to administer routine first aid to my child and I understand PCCS will call me or send home a note if it does so. I RELEASE, HOLD HARMLESS & INDEMNIFY PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR ADMINISTERING MEDICATION TO MY CHILD.

I give permission for school staff to give the following over-the-counter meds as per label directions (CIRCLE AS APPLICABLE):

Tylenol/Acetaminophen Advil/Ibuprofen Benadryl/Antihistamine Tums/Antacid Cough Drops

PERMISSION FOR TRANSPORTATION & HOLD HARMLESS & INDEMNITY

I authorize PCCS to transport my child to and from school on planned field trips and to transport my child in the event of an emergency. I understand that PCCS will notify me before any planned field trip. I RELEASE, HOLD HARMLESS & INDEMNIFY PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY FOR TRANSPORTING MY CHILD IN CONNECTION WITH AN EMERGENCY OR A PLANNED FIELD TRIP.

PERMISSION FOR PUBLICITY & HOLD HARMLESS & INDEMNITY

I authorize PCCS or its agents to photograph and/or quote my family members in connection with school events and activities and to publish such items in promotional information (including website, newspapers, yearbooks) and local or national media outlets. I HOLD RELEASE, HARMLESS & INDEMNIFY PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY IN CONNECTION WITH SUCH PUBLICITY.

PARENT PARTNER INFORMATION

I understand that PCCS may at any time perform a criminal background check on parents/guardians of enrolled children (or other persons designated and approved by PCCS to help with Parent Partnering). Listed below are each person's full name (first, middle, last), any alias or maiden name used within the last 5 years, driver's license number, date of birth, and county & state of residence during last 5 years.

Full names (1 st , middle, last)	Date of birth	Driver's License & Social Security #s	County & State-last 5 yrs.	Alias/Maiden names-last 5 yrs.
Father/Guardian:		DL# State SS#		
Mother/Guardian:		DL# State SS#		
Other Designated Person:		DL# State SS#		

PERSONS NOT AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL & HOLD HARMLESS & INDEMNITY

The person(s) listed below are **NOT** authorized to pick up my child from school (note: written court orders denying a parent access to a child must be on file with PCCS). Persons unknown to the school's representatives must show photo identification. I RELEASE, HOLD HARMLESS & INDEMNIFY PCCS AND ITS REPRESENTATIVES FROM ANY LIABILITY PER THIS AUTHORIZATION.

Name:	DL #:	Name:	DL#
Name:	DL#	Name:	DL#

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____