

**STUDENT INFORMATION & PERMISSION SLIP 2017-2018**

**Student Information:** Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

*Please complete all information and update as needed. Star(\*) preferred phone and email for 1st contact*

	<b>Student Information</b>	<b>Mother Information</b>	<b>Father Information</b>
Full Name			
Full Home Address			
E-Mail Address	<i>Student e-mail is Mandatory</i>		
Home Phone			
Work Phone			
Cell Phone	<i>Student Cell Number is Mandatory</i>		
<b>Best emergency contact mode during school hours &gt;&gt;&gt;</b> (e.g., work phone)			
	<b>Emergency Contact (1)</b> <b>(other than parents or hosts -</b> <b>required for ALL students)</b>	<b>Emergency Contact (2)</b> <b>Information</b>	<b>Local Host Information</b> <b>(if applicable)</b>
Full Name(s)			
Full Home Address			
Relationship to Student			
E-Mail Address			
Home Phone			
Work Phone			
Cell Phone			
<b>Best emergency contact mode during school hrs.</b>			

*Please check all approved items and sign below:*

I give permission for my child to do the following during the school year (please check):

1. \_\_\_\_ Go on all school-conducted field trips of YGW. (A “field trip” refers to any off-campus excursion by one or more students with one or more YGW staff members or other adult chaperone designated by YGW.)
2. \_\_\_\_ Leave school grounds without adult supervision, when authorized by an administrator, during lunch, recess, or other free period.
3. \_\_\_\_ Ride in personal automobiles driven by an adult staff member of YGW or any other adult designated by YGW.
4. \_\_\_\_ Ride in personal automobiles driven by a YGW student for field trips or when otherwise authorized by an administrator to leave school grounds.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE**

In the event that I cannot be reached in an emergency, I hereby give permission to YGW to transport or arrange for transportation for my child, \_\_\_\_\_, to an emergency medical facility. In such an event, I hereby give permission for my child named above to be given emergency treatment at the hospital, which may include but is not limited to blood tests, x-rays, emergency anesthesia or other necessary medications, and/or emergency surgery if necessary to preserve life or a limb. *THIS FORM MAY BE PHOTOCOPIED FOR USE OUT OF SCHOOL.*

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Print name** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Phone \_\_\_\_\_ Subscriber \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

STUDENT MEDICAL INFORMATION

Allergies (to medications and otherwise) \_\_\_\_\_

Other Medical Conditions (diabetes, asthma, breathing problems, mental health, etc.) \_\_\_\_\_

Current Medications and Dosage \_\_\_\_\_

Other Pertinent Medical Information \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_