

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*

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

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. ___ Consent for use of his/her likeness in school-related promotional materials.
2. ___ 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.)
3. ___ Leave school grounds without adult supervision, when authorized by an administrator, during lunch, recess, or other free period.
4. ___ Ride in personal automobiles driven by an adult staff member of YGW or any other adult designated by YGW.
5. ___ 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.*

<p><i>Signature of Parent or Legal Guardian</i> _____</p> <p><i>Print name</i> _____ <i>Date</i> _____</p>
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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: _____

Yeshiva of Greater Washington – Tiferes Gedaliah

Student Name: _____ **Date of Birth:** _____

Please list any drugs/medication/supplements that your child is currently taking. This includes both prescription and non-prescription medications, vitamins and herbal supplements, etc. that are taken either in or out of school. Please also include the dosage of each item. We need all information that you can provide, as any of the above may alter the results of your child’s drug test. This information is 100% confidential and will only be used for the purpose of this test.

Drugs/Medications/Supplements/Vitamins	Dosage

(Please complete both sides)