

**STUDENT INFORMATION & PERMISSION SLIP 2016-2017**

**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.

<b>Signature of Parent or Legal Guardian</b> _____ <b>Date</b> _____
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**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: \_\_\_\_\_