

## ***Student Information Form***

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1/Guardian: Title: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Email address \_\_\_\_\_

Parent 2/Guardian: Title: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Email address \_\_\_\_\_

**CHILDREN WILL BE PERMITTED TO LEAVE WITH EITHER PARENT UNLESS A COPY OF A COURT ORDER IS ATTACHED TO THIS FORM**

In case of emergency or illness and parent is not available, please designate someone who could pick up the child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I (we) give permission for my child to attend all field trips planned by St. Richard's School during the 2006 Summer Camp Program. The student may travel by whatever means of transportation the school has provided, which may include St. Richard's School bus (seat belts enforced), private autos, commercial bus, and walking.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I (we) give permission to St. Richard's School to obtain services of any of the physicians/hospitals named below. St. Richard's School will make all attempts to contact parents first.**

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Health concerns which the school needs to know (including allergies) \_\_\_\_\_

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### **NON-PRESCRIPTION MEDICATION PERMISSION**

\_\_\_ I do not give permission for my child to be administered any non-prescription medication.

\_\_\_ I give permission for my child to be administered non-prescription medication after the school has contacted me first.

\_\_\_ I give permission for my child to be administered non-prescription medication without the school contacting me.

### **MEDIA/INTERNET PICTURE APPROVAL**

\_\_\_ I give my permission for St. Richard's School to use my child's artwork with first name only.

\_\_\_ I give my permission for St. Richard's School to use my child's picture without a name.

\_\_\_ I give permission for St. Richard's School to use my child's full name for print and website.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_