

**Student Pick-Up Permission List****2017-2018**

|  |                |                 |
|--|----------------|-----------------|
| Last name:                                     | First:         | Middle Initial: |
| Name Student goes by:                          | Date of Birth: | Sex: M F        |
| Home Phone:( )                                 | Dad cell: ( )  | Mom Cell:( )    |
| Home Address:                                  | City / Zip:    |                 |
| Names of brothers/sisters at Stafford Academy: |                |                 |
| Father:  | Employer:      | Work #:( )      |
| Mother:  | Employer:      | Work #:( )      |
| Insurance Carrier:                             | Policy #:      |                 |
| Food or Drug Allergies:                        |                |                 |
| Emergency Contacts:                            | 1. Name:       | Day Phone:( )   |
|  | 2. Name:       | Day Phone:( )   |

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|  |               |               |
|--|---------------|---------------|
| Student name:  |               |               |
| <p>The following people permission to pick up my child from Stafford Academy<br/> I understand that it is my responsibility to notify the school ahead of time if someone other than the<br/> persons named below are to pick up my child.</p> |               |               |
| Name:  | Relationship: | Day Phone:( ) |
| Name:  | Relationship: | Day Phone:( ) |
| Name:  | Relationship: | Day Phone:( ) |
| Name:  | Relationship: | Day Phone:( ) |
| Name:  | Relationship: | Day Phone:( ) |
| Signature of Parent of Legal Guardian:   |               |               |
| Dated:   | Date Revised: | Date Revised: |

# Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM with your baby-sitter, day care center or temporary guardian.

In the event of a medical emergency, the form should accompany you child to the hospital.

I/we hereby authorize Stafford Academy to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) \_\_\_\_\_ until (date) \_\_\_\_\_.

| Child's Full Name | D.O.B. | SSN | Chronic Illnesses | Allergies | Current Medications | Last Tetanus Immunization |
|-------------------|--------|-----|-------------------|-----------|---------------------|---------------------------|
|                   |        |     |                   |           |                     |                           |
|                   |        |     |                   |           |                     |                           |
|                   |        |     |                   |           |                     |                           |
|                   |        |     |                   |           |                     |                           |

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Member No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_