

Emergency & Medical Information Form



Attention Parents/Guardians: This form must be completed prior to the first day of school.

STUDENT INFORMATION

Student Name	_____	_____	_____	_____	_____
	Last	First	Preferred	Birth Date (mm/dd/yy)	
Student Address	_____				
	Street	Apt/Unit #	City	State	Zip Code
Parent 1	_____				
Home Address	Last	First	Home Telephone #		
	Street	Apt/Unit #	City	State	Zip Code
Employer	Cell Phone	Email Address (for Harbor communications)		Office Phone	
	Company Name	Street/Suite #	City	State	Zip Code
Parent 2	_____				
Home Address	Last	First	Home Telephone #		
	Street	Apt/Unit #	City	State	Zip Code
Employer	Cell Phone	Email Address (for Harbor communications)		Office Phone	
	Company Name	Street/Suite #	City	State	Zip Code

EMERGENCY INFORMATION

Besides parents, please list the names of 3 people who are authorized to pick up your child and may also be contacted in the event both parents cannot be reached:

1.	_____	_____	_____	_____	_____
	Last	First	Relationship to child	Cell #	Other #
2.	_____	_____	_____	_____	_____
	Last	First	Relationship to child	Cell #	Other #
3.	_____	_____	_____	_____	_____
	Last	First	Relationship to child	Cell #	Other #

HEALTH INFORMATION

Child's Physician/Practice Name	_____	Office #	_____
	Street/Apt.#	City	State Zip Code
Child's Dentist/Practice Name	_____	Office #	_____
	Street/Apt.#	City	State Zip Code

Please describe any past serious illnesses or hospitalization, including dates: _____

Health Insurance Provider/Company	_____	Policy Holder's Name	_____
Policy/Member Number	_____	Group #	_____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at The Harbor School to have your child transported to that hospital.

_____	_____	_____
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date

Release Forms



PHOTOGRAPH AND VIDEO RELEASE FORM

Every year, The Harbor School uses photographs and videos of our students for a variety of projects and media. We have expanded our forms of communication to now include social media networks such as Facebook, Twitter and YouTube. Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image.** Below is a release, which allows you to indicate your preferences.

Please indicate below whether The Harbor School has permission to use photographs, images, or video of your child.

Student Name: _____
(a separate form must be completed for each child)

Please check one:

- I **agree** that photographs, images and/or video of my child may be used for in-house publications only.

- I agree that photographs, images and/or video of my child may be used for any of Harbor's projects and social media networks **EXCEPT:**
 - School website YouTube Print Ads Facebook Twitter

- NO, I **do not** want my child's photograph, image or video used in any way.

Signature of Parent or Legal Guardian

Date

FIELD TRIP MEDICAL RELEASE AND CONSENT

I agree that the school, its agents, its teachers and any parents accompanying the class, shall not be liable for any damages or injury that my child may sustain during the trip.

In the event I or my child's physician cannot be reached, I hereby authorize The Harbor School to transport my child to the emergency room of the nearest hospital and I hereby grant my consent of the hospital and its medical staff to provide my child with emergency treatment which a physician deems necessary (including anesthesia). I understand that my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

Signature of Parent or Legal Guardian

Date