



CONFIDENTIAL
2018-19
PERSONAL INFORMATION

Child Name _____ Home Phone _____

Home Address _____

Parent (1) Name _____

Parent (1) Cell Phone _____

Parent (1) E-Mail Address _____

Parent (2) Name _____

Parent (2) Cell Phone _____

Parent (2) E-Mail Address _____

Is there anything you would like us to know about your family practices, culture, language or special dietary requests? Please feel free to share any information that you think would help to make your child feel more comfortable. All information will be held in confidence.



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EMERGENCY INFORMATION

**INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD
AND TO BE CALLED IN CASE OF EMERGENCY:**

Be sure to include:

- a. two local individuals who will usually know your whereabouts ~ **OTHER THAN PARENTS**
- b. one family relative (even if they live in another country)

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Emergency Hospital Preference _____

Insurance Company _____ Policy No. _____

Name of Insurance Holder _____ Date of Birth of Insurance Holder _____

Allergies _____

Is your child taking any medication(s) on a regular basis? _____

Other Significant Medical Information (including special diets) _____

IN ADDITION TO TEACHERS, ADMINISTRATORS AND CONSULTANTS,
THE FOLLOWING PEOPLE HAVE ACCESS TO MY CHILD'S HEALTH INFORMATION:

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____



2018-19
PERMISSION AGREEMENT

- I. I/we grant permission for my child _____ to use all of the play equipment and participate in all of the activities of Putnam Indian Field School, unless exceptions are noted here.
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- II. I/we grant permission for my child to participate in any and all activities authorized by the school. I/We release the school from any liability for any accident in connection with these activities.
- III. I/we grant permission for my child to leave Putnam Indian Field School premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
- IV. I/we grant permission for my child to be included in evaluations and pictures connected with Putnam Indian Field School's programs.
- V. I/we grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:
- A. Administer first aid.
 - B. Attempt to contact a parent or guardian.
 - C. Attempt to contact the child's physician.
 - D. Attempt to contact the parent through any of the persons listed on the emergency information sheet. (NOTE: It is the parent's responsibility to keep this sheet up to date.)
 - E. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - 1. Call another physician.
 - 2. Call an ambulance.
 - 3. Have the child taken to an emergency hospital in the company of a staff member in either a Putnam Indian Field School vehicle or in a staff vehicle.
 - F. Any expense incurred under "E" above will be borne by the child's family.
- VI. Putnam Indian Field School's discipline policy is provided in the Family Handbook and is discussed during tours, parent orientations and other parent meetings.
- VII. Putnam Indian Field School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- VIII. Putnam Indian Field School will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: _____
Parent or Legal Guardian

Date: _____