

STUDENT INFORMATION	
Name:	Date of Birth:
Classroom:	Grade Level:



FAMILY INFORMATION	
Parent Name (1):	Parent Name (2):
Home Address:	Home Address:
City, State, ZIP:	City, State, ZIP:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Child lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other:

EMERGENCY PHONE NUMBERS – in the order that they should be called		
Name	Phone Number	Relationship to Student
1 st		
2 nd		
3 rd		
4 th		

GENERAL MEDICAL INFORMATION
Food Allergies:
Medical Allergies:
Environmental Allergies:
Other Medical Conditions:

Physician's Information	Health Insurance Information
Physician's Name:	Insurance Carrier:
Street Address:	Phone Number:
City, State, ZIP:	Group Policy Number:

Commonly Used Natural Remedies – Please check off the ones you authorize the school to administer to your child	
<input type="checkbox"/> Aloe Vera – for any wound, scratch, burn, sting	<input type="checkbox"/> Calamine Lotion
<input type="checkbox"/> Arnica Gel – topical ointment for bruises, sprains, and pains	<input type="checkbox"/> Herbal Teas – for sore throat, stomach ache
<input type="checkbox"/> Petroleum Jelly - Aquaphor	<input type="checkbox"/> Honey
<input type="checkbox"/> Sun Block	<input type="checkbox"/> Sea Salt & Water Wash – natural disinfectant, wash all wounds with solution then proceed with other topical applications
<input type="checkbox"/> Insect Repellant - Deet Free	

PICK UP AUTHORIZATION		
In addition to the child's parent/guardian, please list any additional persons authorized to pick up this student. We ask that any person on this list is familiar with the Dismissal Procedures outlined in the family handbook.		
Name	Phone Number	Relationship to Student
1 st		
2 nd		
3 rd		
4 th		

Student Name:		Classroom:		Grade Level:	
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MEDICAL RELEASE, GRANT OF PERMISSION, & CONSENT TO TREAT CHILD

First-Aid and Emergency Treatment

I consent to and authorize the School representative and/or any authorized person ("authorized person") acting on behalf of the School to administer to my child first-aid treatment, whether routine or emergency, including but not limited to CPR, whether on or off School property. If the School representative or authorized person believes, in his or her sole discretion, that a medical necessity exists, I consent to and authorize him or her to act on my behalf as parents and guardians to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical, or hospital care, diagnosis, and/or treatment and including authorizing surgery, and I consent to that treatment for my child. I understand that my child may be taken to the nearest emergency room or to another facility in the discretion of the School representative or authorized person. I authorize any physician, dentist, or other licensed health care professional to provide any and all necessary treatment to my child. Any health care professional or health care facility is authorized to accept and rely on the representation that I have not been reached after effort to do so. The original or a legible copy of this form shall be displayed to the health care provider and copied for or by the health care provider, but this original shall remain in the custody of the School representative or authorized person.

I understand that an effort will be made to contact me in the event of the need for emergency treatment. However, until I am reached and direct otherwise, the School representative or authorized person and the medical personnel contacted may act on my behalf. I understand and agree that I will be financially responsible for any medical, dental, surgical, or hospital treatment, care, diagnosis, surgery, transportation, and other related expenses.

Medical Supervision/Administration of Medication

I understand that the School is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this agreement, that the School may administer medications to my child, and if the School has agreed to administer medications by signing this agreement below, I authorize the School to administer the medicines listed on this form, as indicated, but recognize that the School does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility.

Waiver and Release

In consideration of the agreement of the School to enroll the Student and to perform the undertakings provided in this Medical Release, I, for myself and for the Student, as parent and/or legal guardian, agree to release, waive, hold harmless, and indemnify the Oneness-Family School (and its officers, trustees, employees, teachers, directors, volunteers, chaperones, agents, and any authorized person) and their successors and assigns, from and all claims causes of action, liabilities, costs, attorneys' fees, and damages (arising out of or related to the matters described in Sections 1 and 2 above) that are not the result of willful and wanton misconduct, gross negligence, or intentionally tortious conduct.

My signature below constitutes my agreement that I have read, understand and consent to the terms of this Medical Release, Grant of Permission, and Consent to Treat Child.

I HAVE READ THE ABOVE WAIVER AND RELEASE FORM. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN VOLUNTARILY.

Parent/Guardian Signature:

Date:

FIELD TRIP AUTHORIZATION

I give permission for my child to participate in the school field trips/off campus activities during the school year, provided additional information concerning individual field trips is distributed when appropriate. To the best of my knowledge, there are no physical or other conditions that will interfere with his/ her participation.

Parent/Guardian Signature:

Date:

MEDIA RELEASE AUTHORIZATION

Throughout the school year, the media may visit Oneness-Family School to cover special events. Oneness-Family School may also wish to use your child's photograph, voice, video image or student work for promotional and educational reasons, such as in publications, posters, brochures, newsletters, on the school website, associated websites, or at special events.

I give my permission for my child to be filmed/photographed/interviewed by the media during school events and for the school to use my child's photograph, work, voice or video image for promotional and educational purposes. I voluntarily waive any opportunity or right to inspect or approve any photographs/work/voice/video image that may be used in conjunction with them now or in the future, whether that use is known to me or unknown and I voluntarily waive any entitlement and right to royalties and any other compensation relating to or arising from the use thereof.

Yes

No

I give my permission to use my child's name in connection with publicizing and promotion the photograph/work/voice/video images referred to above.

Yes

No

Special Note:

Parent/Guardian Signature:

Date: