

EMERGENCY FORM

Child's name: _____ Date of Birth: ____/____/____

Doctor's name: _____ Phone: _____

Parent/Guardian Information:

	Mother	Father
Full names:		
Home address:		
Home phone:		
Business phone:		
Cell phone:		
e-mail:		

Please list the names of two people who can be contacted in the event of an emergency and you cannot be reached:

	Emergency Contact #1	Emergency Contact #2
Full names:		
Home address:		
Home phone:		
Business phone:		
Cell phone:		
e-mail		

Please list any medical conditions such as allergies, asthma, etc. _____

Does your child require medicine/medical care during the day? (Please explain) _____

Please list any people that have your permission to pick up your child on the back of this form.

-----PLEASE BE SURE TO FILL OUT BACK OF FORM-----

The following people may pick up my child from Pathfinder Academy.

Name	Relationship	Phone number
1.		
2.		
3.		
4.		
5.		

Medical Release

I give permission to Pathfinder Academy to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the school (i.e. first aid, disaster evacuation). This may include transportation to and subsequent treatment by a clinic, hospital or private doctor. Every attempt will be made to contact parents as soon as possible.

_____ (Parent's signature) _____ (Date)

Media Release

I hereby give permission to Pathfinder Academy to use the media image of my child. These photos may be used for marketing purposes or on our website, but no children's names will be used.

_____ (Parent's signature) _____ (Date)

Internet Access Release

My child is allowed to use the Internet at Pathfinder Academy. I understand there will be a firewall present as a means to prevent material that is not deemed age-appropriate from being accessed by students.

_____ (Parent's signature) _____ (Date)