

**Natural Science Academy
Medical/Emergency Contact Sheet
2010-2011**

Student Name: _____ **Gender:** _____ **Date of Birth:** _____
Last First MI MM/DD/YY

Student's Current Address _____

Returning student: Please check if new address or new phone numbers _____

Student Lives With _____ Father _____ Mother _____ Both

PARENT/GUARDIAN INFORMATION (Please list all parents or guardian.)

Father or Guardian Name Home Phone Work Phone Pager/Cell

Mother or Guardian Name Home Phone Work Phone Pager/Cell

In case of EMERGENCY our procedure will be to contact the parent at home or at work. You should make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time you are away from home.

EMERGENCY CONTACTS

Please designate (2) neighbors or relatives (if one cannot be reached) to be asked to care for your child until you can be reached. These individuals will have your permission to pick up your child from school.

1) _____
Name Phone No. Relationship to Student

2) _____
Name Phone No. Relationship to Student

MEDICAL INFORMATION

Does your child have allergies? If so what are they? _____

Does your child have any special health concerns we should be aware of? _____

Is this student receiving medication on a regular basis? _____ YES _____ NO

Doctor's Name: _____ **Phone:** _____

Complete Clinic Address: _____

Hospital (Name and address) _____

MEDICAL EMERGENCY/LIABILITY WAIVER

I hereby give my permission for the Natural Science Academy staff members to procure all necessary emergency medical assistance for my child or ward while this person is under supervision of the Natural Science Academy educators. I also grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. NSA provides no health insurance or medical coverage. The signing of this form acknowledges that the student's parent/guardian accepts responsibility for payment of any medical treatment, which may be required while he or she is in this program.

Please initial _____ *******PLEASE SEE OTHER SIDE*******

**Natural Science Academy
Medical/Emergency Contact Sheet
Page Two**

EMERGENCY CLOSING

Emergency closing of the school building (due to weather or other circumstances) will be based on District 833, South Washington County schools. Please check WCCO, KSTP and/or KARE TV stations or WCCO radio for their closing information. Please check the plan you would like followed for your child:

_____ My child should come home as usual. (If child is usually bused, busing will be provided. If child usually walks, the child would walk home.)

_____ I provide transportation for my student, so I will pick my child up.

Please initial _____

ADDITIONAL INFORMATION:

Are there any other special concerns we should know about? _____

PERSONS AUTHORIZED TO PICK UP THIS STUDENT FROM SCHOOL

Please list the names of individuals (***other than the parents/guardians listed on the front***) who are authorized to pick up your student from school (ex: grandparents, older brother/sister, aunt, family friend, etc.):

1) _____
Name Phone No. Relationship to Student

2) _____
Name Phone No. Relationship to Student

3) _____
Name Phone No. Relationship to Student

MEDIA RELEASE FORM

By **initialing** in the spot indicated I hereby **DENY** or **GRANT** the Natural Science Academy the right and permission to use my son's or daughter's name and reproduction of physical likeness for the purpose of publicizing the program through pamphlets, video, newspaper, periodicals, etc. (Please initial only **ONE** spot.)

Initial here to DENY permission _____

Initial here to GRANT permission _____

EMAIL ADDRESS: _____ (You may/may not contact me at this address)
Please circle one

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

In case of serious illness/injury, 911 will be called.