

Emergency Form

CHILD'S FULL LEGAL NAME: _____

Name child prefers to be called (if different): _____ Today's Date: _____

CURRENT ADDRESS: _____

(Billing correspondence will be mailed to this address unless GVS is instructed differently.)

DATE OF BIRTH: _____ HOME PHONE: _____

PARENT'S NAME: _____ PARENT'S NAME: _____

ADDRESS: _____ ADDRESS: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

Place of business: _____ Place of business: _____

WORK PHONE: _____ WORK PHONE: _____

PLEASE LIST ALLERGIES/HEALTH CONCERNS: _____

DOCTOR'S NAME: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Friend(s)/neighbor(s) name, address & phone (at least one person who will assume responsibility of your child if for any reason the parent(s) cannot be reached immediately in an emergency):

Names, addresses, phone numbers of any person other than parents authorized to remove child from Green Valley School:

MEDICAL RELEASE

CHILD'S NAME: _____

IN THE EVENT OF AN ACCIDENT OR THE ILLNESS OF MY CHILD WHILE UNDER THE CARE OF GREEN VALLEY SCHOOL, I THE UNDERSIGNED, HEREBY GIVE MY CONSENT TO PROVIDE EMERGENCY CARE AND/OR TREATMENT THROUGH A CLINIC, HOSPITAL, OR PRIVATE DOCTOR. THIS AGREEMENT SHALL CONTINUE AS LONG AS THE ABOVE-NAMED CHILD IS ENROLLED IN THIS FACILITY. I ALSO UNDERSTAND THAT THIS MEDICAL RELEASE WILL ONLY BE USED IN A SITUATION IN WHICH THE PARENT CANNOT BE REACHED.

PARENT'S SIGNATURE: _____

FIELD TRIP AUTHORIZATION

I HEREBY GIVE PERMISSION FOR MY CHILD TO TAKE PART IN ALL SCHOOL ACTIVITIES INCLUDING FIELD TRIPS, WALKING TRIPS OR ATHLETIC EVENTS AWAY FROM THE SCHOOL PREMISES. I ALSO UNDERSTAND THAT PARENTS WILL BE NOTIFIED OF ANY FIELD TRIPS OUTSIDE CONCORD, NH.

PARENT'S SIGNATURE: _____