

ALMA

EMERGENCY CONTACT INFORMATION CLASS TRIP WAIVER 2016-2017

• Please complete one form for each child •

STUDENT NAME: _____ Incoming Grade _____

PARENT NAME: _____

Phone numbers in order of accessibility (i.e. cell, work or home): 1. _____

2. _____

PARENT NAME: _____

Phone numbers in order of accessibility (i.e. cell, work or home): 1. _____

2. _____

EMERGENCY CONTACT IF PARENT NOT AVAILABLE:

NAME: _____ 1. _____

2. _____

Relationship to student _____

Family Physician _____ Phone _____

- Does your child have any allergies to food, medication or insects? How should we respond?
- Does your child take any medications?

Medical Insurance Provider: _____ Group or ID #: _____

- In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my son's/daughter's physician.
- I give my child permission to go on educational field trips.
- I authorize the use of my child's photos on CBI media and promotional materials.

Parent name (print): _____

Parent signature: _____ Date: _____