

Student Name:

Gender:

Date of Birth:

Grade:

2008-2009 ROWLAND HALL-ST. MARK'S SCHOOL EMERGENCY/PERMISSION FORM

Instructions: Please check this form for accuracy and complete any missing information. Sign and date the Medical Information and Transportation sections, and return to the main office of the division in which your child is enrolled by August 1. If any information changes during the year, please notify the school. *All information on this form is confidential and for school purposes only.*

PARENTS' INFORMATION

Home Phone

Name

Emerg Cont

Phone 1

Phone 2

Phone 3

Phone 4

Address

MEDICAL INFORMATION

Is son/daughter under the care of a health professional?

Description:

Regular medications:

Allergies:

Other significant medical conditions:

Date of DTP immunizations: 1) - 2) - 3) - 4) - 5)

Physician Name:

Phone:

Insurance Company:

Policy No:

Date of Last Physical Examination: (Beginning School ONLY)

I hereby give my permission for emergency room treatment at a hospital, if necessary:

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY CONTACT AND PICK-UP INFORMATION AND PERMISSION (in addition to parents checked as Emerg Con abc)

NAME	RELATIONSHIP TO STUDENT	PHONE 1	PHONE 2
1.			
2.			
3.			
4.			
5.			

The people listed above are authorized to pick up my son/daughter.

Parent/Guardian Signature: _____ **Date:** _____

TRANSPORTATION PERMISSION

RHSM will take every reasonable precaution to insure every student's safety. Before a student may participate in off campus activities sponsored by the school, we must have this section completed and on file.

- My son/daughter has permission to**
- All Students* 1. Participate in walking field trips YES _____ NO _____
 - (Items 1-3) 2. Travel in a school owned or chartered vehicle YES _____ NO _____
 - 3. Travel in a private car driven by an adult, equipped with seat belts for each passenger YES _____ NO _____

- Upper School students ONLY** (Items 4-6)
- 4. Travel in own private car driven by himself YES _____ NO _____
 - 5. Travel in a private car driven by another student, equipped with seat belts for each passenger YES _____ NO _____
 - 6. Transport other students who have signed permission to be a passenger in a student driven car YES _____ NO _____

Parent/Guardian Signature: _____ **Date:** _____