

THE LAMPLIGHTER SCHOOL

RELEASE AND CONSENT AND STUDENT INFORMATION FORM

BOTH SIDES OF FORM TO BE COMPLETED BY PARENTS/GUARDIAN.

This form must be renewed every year. Enrollment is not complete without returning this form by August 19, 2014.

Student's Name _____ Date of Birth _____

 Last First Middle Month/Day/Year

Grade in Fall _____

Home Address _____ Telephone (_____) _____

Parent's Name _____ Business Telephone (_____) _____

 Cell Telephone (_____) _____ Pager (_____) _____

Parent's Name _____ Business Telephone (_____) _____

 Cell Telephone (_____) _____ Pager (_____) _____

Doctor's Name _____ Telephone (_____) _____

Hospital Preferred _____ Telephone (_____) _____

Health and / or Accident Insurance Company Name _____

Name of Insured _____ Employer _____

Group # _____ Certificate # _____ Pre-certification Telephone (_____) _____

A. Release and Consent for Emergency Medical Treatment

_____ is my child and is now under my control and in my custody. I authorize The Lamplighter School and its representatives to consent to medical treatment of my child in case of an illness or injury in connection with a school activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such physicians, medical personnel, hospitals, and/or clinics as may be selected by The Lamplighter School or its representatives. I understand the risks of such emergency treatment and I hereby release and hold not liable The Lamplighter School and its trustees, agents, and employees from all liability which may arise from such treatment.

Local Emergency Contacts

Name _____ Telephone (_____) _____ Cell (____) _____

Name _____ Telephone (_____) _____ Cell (____) _____

Name _____ Telephone (_____) _____ Cell (____) _____

B. Release and Consent for Field Trips

I hereby consent for my child to participate in school sponsored field trips. I understand that transportation will be provided by commercial bus or by private car. I understand the possible risks involved with such activities, and release and hold not liable The Lamplighter School and its trustees, agents, and employees, from all liability that may arise from such field trips, including not by limitation that which may arise from such transportation as is provided.

C. Release and Consent for Publicity

I hereby consent to the use, by The Lamplighter School or any other person with the consent of the school, of the name, picture, likeness, or statements of my child for publicity or such other purposes as the school deems advisable. I agree that the use of such name, likeness, or statements will not result in a violation of any privacy or property right I or my child named above may have therein, and I understand that there will be no compensation for such use.

Signature of Parent or Legal Guardian _____ Date _____

Please turn over to complete back side of form.

Parents / Guardian: In order to provide safe, informed care for your child, The Lamplighter School requires the following information from all students to complete his/her enrollment. If changes occur during the school year, please notify the school nurse. Photocopies of this form will be made and provided to the student's teachers and chaperones of field trips.

STUDENT NAME: _____ **Grade in Fall** _____
Last First Middle

STUDENT HEALTH INFORMATION (To be completed by parent / guardian)

HEALTH CONDITIONS – Please check any of the following health conditions your child exhibits:

- ____None known (My child has no specific health problems of which I am aware.)
____Asthma ____Diabetes ____Seizures ____ Heart Condition ____ Nerve/Muscle/Bone Condition
____Attention Deficit (ADD/ADHD) ____ Emotional (Depression, Anxiety, etc.) ____ Other

List medications or treatments required for the above conditions:

Need for restriction of physical activity: _____ No _____ Yes, reason _____

ALLERGIES – Describe allergies by name, severity of reaction, and treatment or EMERGENCY ACTION required.

Food: _____

Drugs: _____

Insects: _____

Other: _____

PERMISSION FOR ADMINISTRATION OF MEDICATION

Please circle **YES** or **NO** if your child may be administered the following non-prescription medications according to the manufacturer's recommended dosage by the school nurse.

Tylenol for fever or pain----- YES NO **Benadryl** for allergies----- YES NO
Motrin for fever or pain----- YES NO **Halls Cough Drops**----- YES NO

Please note: For students who must take additional medications during school hours, including OTC and physician prescribed, parents/guardians must provide the school nurse with written permission via the Parent Request Form for Administration of Medicine. Medications must be delivered to the school nurse by the parent/guardian. **Do not send any medication to the school with a student.** The medication must be in its original container, clearly labeled with the student's name, authorized prescriber's name, name of medication, and directions for administration. Forms for ADMINISTRATION OF MEDICATION are available in the clinic and online. If above procedures are not followed, the school nurse will be unable to administer students' medications at school. This includes Epi-Pens, Asthma Medications, ADHD Medications, and OTC Cough and Cold symptom relievers.