

Last Name \_\_\_\_\_



Le Jardin Academy

Summer Fun 2018

## STUDENT INFORMATION

(One per Student)

### Medical Information

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Permission to take non-aspirin (Tylenol) medication under supervision: Yes / No

Allergic/Reaction to: \_\_\_\_\_

Allergic/Reaction to: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Has permission to participate in water activities/water play: Yes / No

Has permission to swim; water safe: Yes / No

### Notes:

### Emergency Information

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Individuals authorized to pick up my child, in addition to parents. (2 minimum)

	<b>Name</b>	<b>Address <u>REQUIRED</u></b>	<b>Phone</b>	<b>Relationship</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I hereby approve the information on this form and give permission for my child to attend excursions that may be taken during Summer Fun. I understand the school will take every precaution necessary to insure the safety of my child, but neither the school, teacher, nor the driver shall assume any responsibility for accidents.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_