

# BENWAY SCHOOL 2016 - 2017 SCHOOL YEAR

1.

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Parent/Guardian Name (Whom Student Lives With): \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

HOME TEL. NUMBER \_\_\_\_\_

Parent/Guardian's Work & Cell Numbers:

1. Name \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

## EMERGENCY CONTACTS

*Please list two other people that we can contact in an emergency*

1. Name \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Student \_\_\_\_\_

2. Name \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Student \_\_\_\_\_

## MEDICAL CONSENT

- In the case of an accident or serious illness, Benway School is to contact me.
- If Benway School is *unable* to reach me or any of the emergency contacts I have listed above, I hereby authorize Benway School to make any and ALL arrangements that may be necessary, ie, call emergency personnel to bring my child to a hospital OR release emergency personnel if follow-up treatment and/or hospitalization is deemed unnecessary.
- If my child is transported to the hospital, I understand that I (or an appointed family/friend member) must go to the hospital. I also understand that my child's transportation HOME is MY responsibility.
- I will not hold Benway School financially responsible for the emergency care and/or transportation of my child. Any costs resulting from medical transportation and/or treatment for my child will be my responsibility.
- In the event that neither I or any of the emergency contacts named above are UNABLE TO BE REACHED; I hereby give permission for either my child's physicians (see page 3 of these forms) or the hospital physicians to render such treatment as may be deemed necessary in an emergency for the health and well-being of my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## LIABILITY

I understand that I am responsible for compensation for PROPERTY DAMAGE/BREAKAGE AT BENWAY SCHOOL that is caused by my child during school hours. I also understand that medical and other expenses incurred by my child as a result of an accident or injury are my responsibility.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_