

Kinhaven School

Student Information and Emergency Permission Form

Put a check mark in the box of each phone number/e-mail address (max. 5) you would like reported to our emergency call center.

Please PRINT CLEARLY and fully complete both sides.

| | | | | |
|----------------------------|------------|--------|--|-----------|
| Child's Name (Last, First) | Nickname | Gender | Race | Birthdate |
| Home Address | City/State | Zip | Home Phone Number <input type="checkbox"/> | |

| | |
|---|---|
| Parent 1 Name | |
| Home Address <small>(if different than above)</small> | Home Phone Number <input type="checkbox"/> <small>(if different than above)</small> |
| | Cellular Phone Number <input type="checkbox"/> |
| Full Name of Employer | Business Phone <input type="checkbox"/> |
| Full Address of Employer | City/State Zip |
| Email Address <input type="checkbox"/> | |

| | |
|---|---|
| Parent 2 Name | |
| Home Address <small>(if different than above)</small> | Home Phone Number <input type="checkbox"/> <small>(if different than above)</small> |
| | Cellular Phone Number <input type="checkbox"/> |
| Full Name of Employer | Business Phone <input type="checkbox"/> |
| Full Address of Employer | City/State Zip |
| Email Address <input type="checkbox"/> | |

| | | | | | |
|--|--------------|---------|---|---|--|
| Emergency Contacts if Parents Cannot be Reached (Must live in DC Metro Area) | | | | <i>Licensing requires all the requested information for two (2) Emergency Contacts.</i> | |
| Name | Relationship | Address | City/State/Zip | Daytime Phone Number | |
| 1) | | | | | |
| 2) | | | | | |
| Name of any individual who is responsible for bringing or picking up your child on a regular basis | | | Additional Person(s) Authorized to Pick Up Your Child | | |
| Person(s) Not Authorized to pick up Child <small>Appropriate paperwork such as a divorce decree shall be attached if a parent is not allowed to pick up a child.</small> | | | | | |

| | | | | |
|--|--------------|--------------------------|---|------------------|
| Name of Child's Physician | Phone Number | Health Insurance Carrier | Name of Insured | Policy/ID Number |
| Known Medical Problems/Allergies <small>(attach a separate sheet, if needed)</small> | | | Medication will need to be administered by the school | |
| | | | YES_____ NO_____ * If YES, additional documentati | |

Parent Initial ____/____ Kinhaven Initial

Acknowledgements

I have received or have access to the internet and can acquire Kinhaven School's *Parent-Handbook*, and will abide by the policies contained therein.

Yes No (If NO, a paper copy will be distributed)

I shall notify Kinhaven School of my child's absences due to illness and report symptoms. I shall also notify Kinhaven School if a member of my child's household contracts a reportable communicable disease. Kinhaven School will notify me via established communication channels if a classmate of my child contracts a reportable communicable disease. (see *Health and Safety: Exclusion of a Sick Child and Report a Sick Child for more information*)

Yes No

I hereby give permission without restriction to Kinhaven School and its assignees to photograph or video record my child while at school or during participation in school-sponsored activities. I specifically waive any rights to compensation with respect to my child's name, likeness, picture, and/or voice. The purpose of this release is to facilitate education and communication between home and school, support ongoing development and training, and for occasional use in promotional materials.

Yes No

Field Trip/Walk-About Permission

My child has permission to go on all Field Trips with his/her class. I understand that Kinhaven School will inform me at least one week prior to each field trip.

Yes No

My child has my permission to take Walk-Abouts (neighborhood walks) with his/her class.

Yes No

Use of Provided Information

I understand that the information provided will be used to contact me in case of emergency and may be used by an outside emergency call center.

Yes No

I will provide Kinhaven School with any changes in student information within 5 business days of such change.

Yes No

The parent/guardian contact information listed on the front side of this card may be included in the Kinhaven School Directory that will be distributed to all families.

Yes No

I agree to use the Kinhaven School directory and the information contained therein for family or school business only. I shall not use the information to solicit on behalf of other business, charitable, or political organizations.

Yes No

Emergency Permission

My child may be treated for minor scrapes and cuts with:

| | | |
|---------------------|-----|----|
| First Aid Cream | Yes | No |
| Antibiotic Ointment | Yes | No |

Should my child become ill during school hours, I understand and agree that it is my responsibility to pick up my child immediately upon notification from the school.

Yes No

If the school is unable to contact anyone listed on this card or in the event of a life threatening emergency, I give Kinhaven School permission to use the Rescue Squad to transport my child to the hospital, if necessary and give hospital personnel the permission to treat my child.

Yes No

In the event of an emergency involving the school building, I understand that my child may be relocated to the Arlington County Central Library at 1015 N. Quincy Street.

Yes No

I understand that should I be called by the Emergency Call Center and asked to pick up my child, I will proceed to the designated pickup location immediately.

Yes No

If you have answered *No* to any of the above questions, please address your desires separately in writing.

Signature of Parent or Guardian

Date

Signature for Kinhaven School

Date