Please fill in completely a separate form for EACH student.

Name of Student ____________________________________________________ Grade ________________

(1) **Field Trips**

Permission is granted for the above-named student to go on school-supervised field trips.

Signature of Parent/Guardian____________________________________ Date__________________

(2) **Emergency Medical**

“Permission is granted for the above-named student to be given appropriate medical care in case of an emergency or life-threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent. (However, I understand the school will contact me as soon thereafter as is reasonable.) In such cases, I will assume responsibility for the cost of those related emergency medical services.”

Signature of Parent/Guardian____________________________________ Date__________________

(3) **Pain Reliever**

_____ Children’s Aspirin-Free pain reliever may be given to this student.        _____ None

Signature of Parent/Guardian_____________________________________ Date_________________ 

(4) **Class List and Photo Release**

Check types of information you will permit to be published on a class list for distribution to the other parents in this student’s class, to be used for special school events.

Address_______  Phone Number_________  E-mail_________  None________

Pictures of the above-named student may be used on the school’s Web site and in school publications such as the yearbook, News & Views, handbooks and calendar. They may also be used in the public media for promotion of RCS (last names are never used without parental permission).

Signature of Parent/Guardian_____________________________________ Date_________________ 

(5) **Leaving Campus**

This student is permitted to leave campus after school unsupervised and at his/her own risk, e.g., walking, biking, or waiting off campus for private or public transportation.

Yes_________ No__________

Signature of Parent/Guardian____________________________________ Date__________________
(6) Please list the person(s) to whom school notices should be mailed, in form that should appear on envelopes.  
(e.g. Mr. and Mrs. John James)

___________________________________________________________________________________________

___________________________________________________________________________________________

Grade levels of other children at RCS (circle):  K  1  2  3  4  5  6  7  8  9  10  11  12

(7) EMERGENCY INFORMATION: In order of priority, list FIVE PERSONS whom we should contact in the 
event of an emergency, and who are authorized to pick up your student from school or EDC. You may wish 
to list yourself first.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
<th>CELL PHONE</th>
<th>RELATIONSHIP</th>
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Hospital Preferred_________________________________________Phone________________________________
Insurance Company________________________________________Policy #______________________________
Doctor’s Name___________________________________________Phone________________________________
Dentist’s Name___________________________________________Phone________________________________

Special Conditions (allergies to medicine, food or bee stings; asthma; ADD; etc.)________________________________
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