

**DESERT ACADEMY EMERGENCY INFORMATION & FIELD TRIP PERMISSION FORM 2009-20010**

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Child lives with \_\_\_\_\_

Address \_\_\_\_\_ Hm Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm/Cell Phone \_\_\_\_\_ Wk \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm/Cell Phone \_\_\_\_\_ Wk \_\_\_\_\_

My Child has the following health problem/disability (for example, bad knees, diabetes, asthma, kidney problems, seizures, heart, etc. \_\_\_\_\_  
\_\_\_\_\_

My child requires the following medication (s)/ action for allergic reaction: \_\_\_\_\_  
\_\_\_\_\_

My child is now taking the following medication (s) \_\_\_\_\_  
\_\_\_\_\_

Date of child's last tetanus booster \_\_\_\_\_

My child may take non prescription pain medication (e.g., Tylenol/Advil) if the need arises \_\_\_\_ Yes \_\_\_\_ No

In case of illness or accident, and you cannot reach me, the school is authorized to :

1. Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_
2. Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_
3. Other course of action \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

I/We waive and release the person designated above and Desert Academy of any and all loss, claim or liability which may result from such action. I/We understand this authorization remains in effect through June 01, 2010.

PARENTAL CONSENT: I/We hereby give my consent for \_\_\_\_\_ to participate in all school sponsored activities at Desert Academy and authorize Desert Academy to provide the information as required on this form to the New Mexico Activities Association. The financial responsibility for securing care of injuries incurred while participating in school-sponsored activities is a matter between you and the physician or dentist of your choice. Desert Academy may not pay doctors, dentists or hospitals for any treatment of any student.

AUTHORIZATION FOR MEDICAL SERVICES: In the event of an emergency, I/We parent(s) guardians (s), hereby designate Desert Academy faculty, staff, or designated agent, authorized chaperone or his/her designee to act in my/our behalf to my/our child/ward while participating in school athletics or school sponsored activities. In the event of an emergency, I/we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child. Desert Academy will contact parent/guardian at the time of injury to inform them of any emergency actions taken on their behalf. Students may only be transported to the emergency room via ambulance. I/We hereby assume financial responsibility for hospitalization, medical attention, emergency transportation and surgery administered.

Parent/Guardian/Non-Custodial Signature \_\_\_\_\_ Date \_\_\_\_\_

over please →

During school hours I give permission for the following adults (over 18) to pick-up my child from school for emergencies, illness, or appointments:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
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### **Off Campus Permission Form for Official School Programs**

I/We agree that by signing this form we are giving \_\_\_\_\_ permission to participate in all official school programs including, but not limited to, such off-campus events as CAS projects, athletics and field trips. I/We understand that I/We may disallow our child's participation in a particular event by sending written notice to the school prior to that event. This permission slip will cover all school events this year, and no further permission for any specific event will be required.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_