



Helping Children Soar

AUTHORIZATION AND CONSENT FORM 2011/2012

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____ . However, if I cannot be reached, I hereby authorize **Groton Community School** to transport

my child to the _____ *Name of Child (first & last)* Hospital (or nearest hospital) and to secure for my child the necessary

medical treatment. I understand that the teachers in the school are trained in the basics of First Aid and/or CPR, and I authorize them to administer first aid or CPR to my child when appropriate. _____ *Name of Hospital*

Parent/Guardian Name _____ **Home Phone** _____ **Work/Cell Phone** _____

Parent/Guardian Name _____ **Home Phone** _____ **Work/Cell Phone** _____

TRANSPORTATION PLAN (Please check all that apply)

My child will arrive at school by:

- Parent Drop Off
- Carpool
- Other _____

My child will depart from school by:

- Parent Pick Up
- Carpool
- Other _____

PROGRAM RELEASE AND EMERGENCY PERMISSION

The individuals listed below have your permission to receive your child at the end of his/her day at school. In case of illness, accident, or unforeseen circumstance/emergency, the persons listed below will be contacted if you cannot be reached and your child needs to go home. They also are authorized by you to have access in an emergency to health information about your child. **Groton Community School can only release your child to persons designated in writing by the child's parent/legal guardian – PLEASE PROVIDE AT LEAST ONE NAME WITHIN CLOSE PROXIMITY TO THE SCHOOL**

I hereby authorize the Groton Community School to release my child to the following persons (other than parent/guardian):

Name _____ **Relationship** _____

Address _____ **Tel. #s** _____

Name _____ **Relationship** _____

Address _____ **Tel. #s** _____

Name _____ **Relationship** _____

Address _____ **Tel. #s** _____

(Over)

COLLABORATION AND CONTINUITY

I give permission for my child's teachers to collaborate and share information about my child's development with other Groton Community School Staff to enhance their school experience and aid with transitions between classrooms during the current and upcoming school years.

Parent/Guardian Signature *Date*

PHOTO PERMISSION

I understand that photographs, slides, videotapes or movies may be taken of my child when at school and that these may be used by the school for educational or publicity purposes. No personal information is ever released.

School Use/Newspaper: _____
Parent/Guardian Signature *Date*

Brochure/Website: _____
Parent/Guardian Signature *Date*

MEDICAL INFORMATION

Name of Child's Physician: _____ Phone Number _____

Physician's Address: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Health Insurance Information (Optional): _____

I give permission to post emergency allergy/medical information (list of allergies/medical conditions and medications) about my child in the classroom so that all staff can ensure their health and safety.

Parent/Guardian Signature *Date*