

Independence Charter School
STUDENT EMERGENCY CONTACT & PARENTAL CONSENT FORM 2007-2008
(one form per family)

Please **PRINT** all information, except for your signature

STUDENT'S NAME _____
Last Name First Name GRADE

Other ICS students in this family:

_____ Last Name First Name GRADE

_____ Last Name First Name GRADE

_____ Last Name First Name GRADE

Address _____ ZIP _____ HOME PHONE # _____

Family e-mail address (**PLEASE PRINT CLEARLY**) _____

EMERGENCY contact information for Parent(s)/Guardians(s) With Whom Student(s) Reside(s):

PARENT/GUARDIAN'S NAME	WORK#	CELL#

Emergency Contact Person(s) **OTHER THAN PARENTS or GUARDIANS** in case parents/guardians cannot be reached **and** to whom this student can be released (attach additional sheet if necessary):

NAME	RELATIONSHIP	PHONE NUMBER(S)

MEDICAL INFORMATION:

Student's Physician:
 Name _____ Phone # _____

Student's Health Insurance Carrier _____ Policy # _____

Allergies and/or Special Conditions: _____

Medication(s): _____

PARENT/GUARDIAN CONSENT: Please sign & date all areas for which you are giving consent; not signing means you do NOT give your consent for that particular item:

I give permission for ICS to Obtain Emergency Medical Care for my child(ren) named above. <i>Sign/Date</i>	I give permission for ICS staff to administer Minor First Aid Procedures to my child(ren) named above. <i>Sign/Date</i>
I give permission for my child(ren) named above to go on walks to local parks while at ICS. <i>Sign/Date</i>	I give permission for my child(ren) named above to participate in dance/movement, yoga, and/or polysports classes as is indicated in their class schedule. <i>Sign/Date</i>
I have read the information regarding Photographs & Videos and give permission for my child(ren) to be photographed and filmed. <i>Sign/Date</i>	I give permission for my child(ren) named above to go on walking trips to places of interest while at ICS. <i>Sign/Date</i>
I give permission for my name, phone number(s) and e-mail to be listed in my child(ren)'s Classroom Directory. <i>Sign/Date</i>	I give permission for my name, phone number(s) and e-mail to be listed in the ICS School Directory. <i>Sign/Date</i>