

# The GW Community School

## EMERGENCY FORM

Note: This form is also available as a Word doc online at [www.gwcommunityschool.com/parentportal](http://www.gwcommunityschool.com/parentportal) where you can complete it, save it for easy updates during the year and submit via email to: [schoolinfo@gwcommunityschool.com](mailto:schoolinfo@gwcommunityschool.com)

<b>STUDENT'S NAME:</b>			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
DOB:		Preferred Pronouns:	
Address:		Student Cell:	
City, State		Zip:	
<b>PARENT/GUARDIAN NAME:</b>			
		<b>PARENT/GUARDIAN NAME:</b>	
Occupation:		Occupation:	
Home #:		Home #:	
Work #:		Work #:	
Cell #:		Cell #:	
Email:		Email:	
<b>EMERGENCY CONTACT:</b>			
Emergency Contact:		Relation to student:	
E-Home #:		E-Work #:	
E-Cell#:		E-Email:	
<b>MEDICAL HISTORY:</b>			
	Include food/insect/medication allergies, asthma, or any other conditions/reactions.		
Health Insurance Co:		Plan/Member #:	
Date of last tetanus shot:		Phone #:	
Date of last physical:			
<p>In order to keep accurate records on students who are on medication, we ask that you fill out the following information carefully. <b>Notice of a change of medication should be submitted to school immediately.</b> Please include medication dispensed at home. If necessary, attach a separate sheet:</p>			
Medication:		Dosage:	
Hours/times given over 24hr pd:		Reason for medication:	
Specific reactions to above medications:		Allergies:	
<b>OVER THE COUNTER MEDICATION PERMISSION</b>			
		Placing an 'X' in box(es) below gives GWCS permission to dispense the following over the counter medications:	
Tylenol	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	Cough Drops	<input type="checkbox"/>
Non-Drowsy Cough Meds	<input type="checkbox"/>	Non-Drowsy Allergy Meds	<input type="checkbox"/>
Antacids	<input type="checkbox"/>		
<p><b>PERMISSION TO DISPENSE MEDICATION:</b> I hereby authorize The GW Community School staff to dispense medication as needed. It is understood by the undersigned that The GW Community School shall not be held liable should the above-named student neglect to receive or refuse to take the prescribed medication in the proper dosage or at the stated time. It is further understood that all medications shall be sent to the school in a <b>standard prescription container</b> with a child safety lock and shall be <b>clearly labeled</b> with the student's name, prescribing doctor's name, name of the medication and dosage:</p>			
Parent/Guardian Signature		Date	

**I AGREE TO THE FOLLOWING CONDITIONS OF ENROLLMENT:**

1. My child has permission to go on **all field trips** provided by The GW Community School unless I notify the school to the contrary.
2. My child has permission to go on all **walking field trips** (Giant, King's Park Library, King's Park, etc.) and I understand that I may not be notified prior to the trip.
3. In the event of the need for medical attention for my child while at school, The GW Community School has my permission to provide the necessary school assistance.
4. In the event that my child has to be taken to the nearest emergency room of the nearest hospital and I cannot be contacted; the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.
5. In the event that staff suspects the presence of drugs, weapons, or alcohol, I give permission for random student clothed searches for the purpose of assuring the safety of students and staff at GW Community School. Students' personal belongings and vehicles may also be subject to search.

Student Signature	Date	Parent/Guardian Signature	Date

**DISMISSAL PLAN:** All students are required to have a dismissal plan on file. If your child is not taking part in a supervised after school activity prior arrangements should be made to leave school by 4:15 pm. Discuss alternative pick-up locations now and indicate your decisions below. This location can also be used if your child's ride is going to be late. **Alternative pickup locations (choose one):**

McDonalds		King's Park Library		Peet's		Subway		Other	
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**PERMISSION TO RELEASE STUDENT TO PERSONS OTHER THAN GUARDIAN:** I hereby authorize The GW Community School staff to release my child to the following parties:

Name:			Relationship to student:	
Home #		Cell#	Work #	
Name:			Relationship to student:	
Home #		Cell#	Work #	

My child has permission to transport other GWCS students:	YES		NO		If yes, how many? *
My child has permission to ride with GWCS student drivers:	YES		NO		
My child has permission to ride with GWCS staff members:	YES		NO		
*Student drivers must be familiar with DMV teen driving restrictions and provide make, model and license plate of car driven to school:			Make / Model / License Plate		
Parent/Guardian Signature			Date		

**PERMISSION TO GO OFF CAMPUS UNATTENDED:** My child has permission to leave campus unattended before school hours, during lunch, or after school. I understand that permission to leave campus does **not** include driving or riding in students' cars. I further understand that this privilege may be suspended at any time at the discretion of GWCS faculty and staff.

	YES	
	NO	
Student Signature	Date	Parent/Guardian Signature
	Date	

**MISCELLANEOUS PERMISSIONS & INFORMATION:**

<b>Student's T-Shirt Size</b> Choose from adult: X-Small, Small, Medium, Large,	<b>MOVIES:</b> Student has permission to watch R-rated movies when part of a class or school activity:	YES	
		NO	