



Honoring excellence. Celebrating intelligence. Rewarding creativity.

EMERGENCY INFORMATION and PARENT PERMISSION

Complete *FRONT & BACK* and mail, email, or return to school before Labor Day

Pages: ADMISS: Reg '22- Emergency Info, 08-09-22 (print on BLUE)

CHILD'S **FULL** LEGAL NAME _____ BIRTH DATE _____ AGE _____

HOME ADDRESS _____ PHONE _____

Child resides at this address with whom? _____

Mother's Name _____ CELL PHONE _____

Address (if different from above) _____

Email _____ WORK PHONE _____

Occupation _____ Employer _____

Employer Address _____

Father's Name _____ CELL PHONE _____

Address (if different from above) _____

Email _____ WORK PHONE _____

Occupation _____ Employer _____

Employer Address _____

PEOPLE AUTHORIZED TO TAKE CHILD HOME WHEN NECESSARY

Name _____ Relation _____ Address _____ Day Phone _____

Name _____ Relation _____ Address _____ Day Phone _____

Name _____ Relation _____ Address _____ Day Phone _____

PEOPLE TO BE NOTIFIED IN EMERGENCY SITUATIONS WHEN PARENTS ARE NOT AVAILABLE

Friend/Relative Name _____ Address _____ Day Phone _____

Physician Name _____ Address _____ Day Phone _____

Healthy Insurance Company _____ Policy # _____

SPECIAL MEDICAL CONSIDERATIONS

Date of last tetanus booster _____ Date of COVID-19 Vaccination _____

Current Medications & Reasons _____

Allergies _____

Physical impairments or other consideration(s) _____

Steppingstone is an independent, accredited 501(c)(3) non-profit school (Young K - Grade 8) for gifted students and does not discriminate based on race, color, creed, gender/preference, religion or national or ethnic origin in the administration of any school policy or program.

OPTIONAL, but very helpful for grant applications (all information will be kept confidential)

Student's minority background

Native American Hispanic Asian African American Other _____

Parent's educational background

Mother: High School Trade AA BA/BS MA/MS PhD Other _____

Father: High School Trade AA BA/BS MA/MS PhD Other _____

FIELD TRIPS/TRANSPORTATION IN PRIVATE CARS

I give permission for my child to participate in any field trips and/or activities that are part of Steppingstone's regularly scheduled curriculum requiring transportation in private cars driven by the Steppingstone staff or parents. I also understand that there is always the risk of accidental injury even though safety precautions are taken and seatbelts are used, and therefore do not hold Steppingstone, Steppingstone staff, or parents volunteer car drivers responsible for any accidental injury incurred during these activities or while being driven to or from the activities.

EMERGENCY MEDICAL CARE

I give permission to Steppingstone to obtain emergency medical treatment for my child from the nearest emergency care center, and I agree to pay for the cost of such care.

PUBLICITY RELEASE

I give permission to Steppingstone to use, display, or reproduce my child's schoolwork (e.g. writing, art, music, etc.), statements about school and/or photos and name of him/her at the discretion of and for the use of Steppingstone.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____