

**WESTWIND CHILDREN SERVICES**  
**STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM**  
2010/2011

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**Please be sure to enter the correct area code for ALL phone numbers listed including cell phones.**

Home Phone (_____) _____	
Mother Name _____	Mother Work Phone (_____) _____ Cell Phone (_____) _____
Father Name _____	Father Work Phone (_____) _____ Cell Phone (_____) _____
Guardian Name _____	Guardian Work Phone (_____) _____ Cell Phone (_____) _____
Emergency Contact _____ (Other than parent/guardian)	Relation to Student _____ Phone (_____) _____

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_ I.D. Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does this student have any medical conditions the school should be aware of?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
Does this student need to take any medications at school? (SEE: Policies and Procedures)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____ Dosage and Time of Day _____
Is the student allergic to any medication?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Medication(s) _____

I hereby give permission for my student listed above to be transported by Westwind Preparatory Academy for the purpose of school related activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I also give agents of Westwind Preparatory Academy permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given are my responsibility.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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