

**WESTWIND PREPARATORY ACADEMY / WESTWIND MIDDLE SCHOOL
PARKVIEW MIDDLE SCHOOL / CAURUS ACADEMY
STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM
2010/2011**

Name of Student _____

Date of Birth _____ Male or Female ____3____ 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 _____