

**WESTWIND PREPARATORY ACADEMY / WESTWIND MIDDLE SCHOOL
PARKVIEW MIDDLE SCHOOL / CAURUS ACADEMY
STUDENT EMERGENCY INFORMATION AND TRANSPORTATION PERMISSION FORM
2011/2012**

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 _____