

For office use only_____

2010-2011

Form/Grade_____

PARTICIPATION AND MEDICAL AUTHORIZATION FOR SCHOOL ACTIVITIES
(Including Sports, Physical Education, Trips, and Events On and Off Campus)

STUDENT'S FULL NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: (____) _____ - _____ SS#: _____ - _____ - _____

MOTHER'S WORK#: (____) _____ - _____ CELL/PAGER#: (____) _____ - _____

FATHER'S WORK #: (____) _____ - _____ CELL/PAGER#: (____) _____ - _____

GUARDIAN'S WORK#: (____) _____ - _____

PLEASE LIST AN EMERGENCY CONTACT IN THE EVENT PARENTS ARE UNAVAILABLE:

NAME: _____

ADDRESS: _____

HOME#: (____) _____ - _____ WORK#: (____) _____ - _____ - _____ CELL/BEEP#: (____) _____ - _____

I, the parent/guardian of the above named student, hereby give permission to **POLYTECHNIC PREPARATORY COUNTRY DAY SCHOOL**, its agents, representatives, and employees for my child to participate in all school activities, except those activities in which the examining physician has recommended that the student not participate in.

I also give permission to **POLYTECHNIC PREPARATORY COUNTRY DAY SCHOOL**, if they are unable to contact me, to take any necessary steps to obtain proper treatment of my child in the event of sudden illness or injury.

I further agree to be totally and completely responsible for the payment of all debts, expenses, or bills incurred in connection with any illness or injury.

FAMILY PHYSICIAN: _____

PHONE: (____) _____ - _____

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ADDRESS:_____

HOSPITAL TO CONTACT IF NECESSARY:_____

ADDRESS:_____

PHONE#: (____)____-_____

INSURANCE PLAN NAME:_____

POLICY #:_____

In consideration of my child’s participation in these sports, events, or activities on or off campus, I, the undersigned, waive all claims for damages I may have against **POLYTECHNIC PREPARATORY COUNTRY DAY SCHOOL**, it’s directors, trustees, faculty, staff,agents,representatives and employees for any and all injuries sustained by my child in sports, events, or activities. I attest that my child is physically fit for participation in these events, and that his/her physical condition has been verified by a licensed medical doctor.

Parent/Guardian Signature:_____

Date:_____

over >>>>

POLY PREP CDS

Student health information is confidential and will be handled accordingly by Poly Prep CDS. The federal Family Education Rights and Privacy Act (FERPA) protects the privacy of students and their parents by restricting access to school records in which individual student information is kept. Only "school officials with legitimate education interest" can directly access students' records.

Records may not be released outside the school without specific parental consent except in a few circumstances:

- * When a student intends to enroll in another school;
- *Research and/or evaluation studies focused on improving instruction or care; or
- *An emergency in which disclosure is necessary to protect the health or safety of the student or other individuals. Only that information necessary to reduce the danger may be shared and then only with necessary medical, administrative or law enforcement personnel.

Written consent from the parent is required to release medical and psychiatric diagnoses to other school personnel, but relevant health information necessary for educational planning and student safety can be shared among school personnel who serve the student.