

LEARNING ACADEMY

EMERGENCY PROCEDURE DATA AND PARENT APPROVAL FORM

Student's Name: _____

Address: _____ City: _____ Home Phone: _____

Medical Concerns/Special Needs: *(Allergie,s etc...)*

PARENT CONTACT INFORMATION

Parents/Legal Guardians

Home/Cell Phone

Work Phone

If a parent can not be reached, please contact the following people in case of an emergency:

Name

Relationship to child

Phone

MEDICAL INFORMATION/RELEASE

Family Doctor: _____ Phone: _____ Clinic: _____

✓ *If you agree*

In case of an emergency, my child can be taken to any hospital/licensed doctor.

If you do not agree, what action would you like us to take: _____

CLASS FIELD TRIPS

Students may be taken off the school grounds to visit places of interest in which the student will walk or take a district vehicle. Before your child can participate, your written approval is required.

I/We authorize the Learning Academy program to take _____ on a class field trip while participating in the program.

(Students name)

We understand that the necessary arrangements, plans and precautions will be taken for the care and supervision of the students on the trip.

PLEASE RETURN THIS FORM TO THE LEARNING ACADEMY LEAD TEACHER

This form must be returned in order for your child to participate in the Learning Academy Program.

PHOTOGRAPHS

We would like to photograph the activities and children in the Learning Academy program. We plan to use the photographs exclusively for promoting the program in brochures, photo displays, websites, etc. No child will be identified by name or specific location. Please check one of the following statements and sign your name. Thank you for your cooperation.

- I give permission for my child to be photographed in the Learning Academy program. I understand that the photo will not be identified by name or specific location and will be used exclusively to promote the Learning Academy program.
- I **do NOT** give permission for my child to be photographed during their participation in the Learning Academy program.

TRANSPORTATION

Learning Academy is held after school and during the summer in your child's school district.

Please check the box with the method of transportation that you will have your child use on a regular basis.

- I will be responsible for the pick-up of my child.** *(By checking this box you are releasing your child from Learning Academy everyday to get picked up. The child will not be the Learning Academy program's responsibility after they leave the building.)*
- My child will walk home.** *(By checking this box you are releasing your child from Learning Academy everyday to walk home. The child will not be the Learning Academy program's responsibility after they leave the building.)*
- My child will ride a district school bus if available in my district.**
- My child will stay after Learning Academy at another after school program.** *(By checking this box you are releasing your child from Learning Academy everyday to the other program. You will arrange pick-up from the other program.)*
List the program your child will be released to: _____
- Other: _____

*If your child must leave prior to dismissal a parent/guardian must sign this child out with the Learning Academy staff.

I acknowledge the information on this form and have filled it out. I understand the information and/or will clarify any questions that I have with the Learning Academy staff.

Signature of Parent/Guardian: _____ Date: _____

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