



EMERGENCY INFORMATION & FIELD TRIP PERMISSION FORM 2008-2009

An Emergency Information & Field Trip Permission Form must be completed for each student and submitted to the school NO LATER THAN AUGUST 25, 2008. Please provide a copy of your family's health insurance card.

EMERGENCY INFORMATION:

Student Last Name First Middle Grade & Teacher

Address Street and Number City/State Zip

Telephone Number Date of Birth: Month Day Year Circle one: Male/Female

PARENTS/GUARDIANS: EACH TO BE LISTED SEPARATELY:

Name Relationship

Address Home Phone

Employer Office Phone

Cell Phone Beeper Other

Name Relationship

Address Home Phone

Employer Office Phone

Cell Phone Beeper Other

IN THE EVENT PARENTS/GUARDIANS CANNOT BE REACHED, CHILD MAY BE RELEASED TO:

(Minimum of two contacts)

Name Relationship Daytime #s

Name Relationship Daytime #s

Name Relationship Daytime #s

Should none of the above contacts be available, I hereby authorize the administration of any treatment deemed necessary by the following:

Preferred Physician Last Name First Telephone

Preferred Dentist Last Name First Telephone

In the event of a life-threatening emergency or unavailability of preferred doctors, I authorize another licensed physician or dentist and/or the transfer of my child to the following hospital or any hospital reasonably accessible:

Preferred Hospital

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring the necessity for such surgery, is obtained prior to the performance of the surgery. All doctors should be alerted to the information on this form concerning my child's medical history (allergies, medications, physical impairments, etc.)

Date: Parent/Guardian Signature

REFUSAL OF CONSENT:

I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING TREATMENT, I WISH THE SCHOOL TO TAKE NO ACTION OR TO:

Date

Parent/Guardian Signature

MEDICAL INFORMATION

It is the sole responsibility of the Parent/Guardian to provide accurate medical information and updates in writing. PLEASE PROVIDE CLEAR AND LEGIBLE INFORMATION concerning the following, if applicable: Health, allergies, medication.

FIELD TRIP & EXTRA CURRICULAR ACTIVITY PERMISSION

I hereby grant permission for my child to participate in Ruffing Montessori School off-site field trips and extra curricular activities. I understand that some field trips and extra curricular activities may require transportation and that appropriate notice will be provided in advance of any field trip or activity requiring transportation.

- My child may participate in school-sponsored field trips and activities INSIDE the State of Ohio
- My child may participate in school-sponsored field trips and activities OUTSIDE the State of Ohio

My child may engage in all activities encountered during field trips, except as stated below:

For and on behalf of myself and the child named, I hereby release Ruffing Montessori School, Fairmount Montessori Association, and its trustees, officers, teachers, employees, agents or representatives from any and all claims, causes of action, demands, liabilities, damages and responsibilities arising out of, relating to, or in any manner connected with any incidents, occurrences, accidents, or omissions of any and all types arising from the transportation and/or participation in field trips and extra-curricular activities, from the commencement (i.e., when the child is brought to Ruffing) through the termination of the activity.

Date

Parent/Guardian signature