

Student Name (**Please print**): _____

Grade: _____

Please return this form to the Administration Office on or before July 15, 2010.

FREEMAN ACADEMY 2010-11 PARENTAL PERMISSION FORM

Important – Approval and parent signatures required of all students

Consent for Medical Treatment

I am the _____ of _____ who participates in extra-curricular activities for
(father/mother/legal guardian) (student name)

Freeman Academy. I hereby consent to any medical services that may be required, including the administration of over-the-counter medication (i.e., Tylenol, ibuprofen, etc.) while said child is under the supervision of an employee at the Freeman Academy while on school sponsored activities, and hereby appoint said employee to act on my behalf in securing necessary medical services for any duly licensed physician or osteopath.

_____ Yes, my son/daughter may receive medical services.

_____ No, my son/daughter may not receive medical services

Dispensement of Medication

Prescription drugs and over-the-counter medicine should, whenever possible, be dispensed by a parent or guardian. Freeman Academy acknowledges that its personnel have limited or no knowledge of administering medications to students. Freeman Academy can refuse to dispense medication to students. First aid materials can be found in the Administrative Office. Students who depend on medication in order to stay in school, and whose parents cannot be present to dispense it, will follow this procedure:

1. Parents must have submitted a written request to the office in order for students to have prescription medication at school. This verification must include 1) the physician's order, 2) a parental release, and 3) the medication in the original, properly labeled container.
2. Prescription medication should be brought to the Administrative Office in the morning, and the student may return when it is time to take the medication.
3. Non-aspirin products will be dispensed to students upon request, provided permission has been granted as indicated below.

_____ I approve and grant permission for my child to receive medication under the guidelines explained above

_____ I do not give permission for my child to take medication at school.

Parental Permission for Student to be Filmed

Consent is hereby granted to the Freeman Academy for the use of photographs, slides, or television filming involving my child. These may appear in various publications or presentations (e.g., power point presentation, brochures, web site group photos, newsletters). Consent shall continue during the time my child is a student at the Freeman Academy unless a new form is completed or I contact the school in writing.

_____ Approve _____ Disapprove

Parental Permission for Activity/Field Trips

Consent is hereby granted for my child to participate in activity/field trips outside the school grounds as scheduled unless I advise the teacher differently, in writing. I understand that any activity/field trip will be supervised by a teacher who shall exercise due care and caution in providing for the safety of his/her pupils while on such activities/field trips.

_____ Approve _____ Disapprove

Parent Signature

Address

City, State, Zip Code

Home phone: _____

Student Signature

Student's cell: _____

Mother's cell: _____

Mother's work #: _____

Father's cell: _____

Father's work#: _____

Please be sure to complete the back.

FREEMAN ACADEMY

Student's Name: _____

Address: _____

Phone Number: _____

Birthdate: _____

Parents'/Legal Guardians' Names: _____

Address: _____

Phone Number to call in the event of an emergency: _____

Medical Insurance Company: _____

Medical Insurance Company Phone Number: _____

Policy Holder's Name: _____

Policy Number: _____

MEDICAL INFORMATION

Family Doctor & Phone Number:

Date of Last Tetanus Shot: _____

Allergies to any medication (List food allergies below, not here; thank you):

Any Major Medical Problems (i.e. heart, blood pressure, diabetes, asthma):

Medications Taken on a Daily Basis:

Food Allergies:

Any other allergies:
