



Springdale Preparatory School

Annual Student Emergency Form

Every Springdale Preparatory School student must have emergency information on file with the school before the first day of classes. The school collects this information annually via the following online form which includes: Emergency Info, Permission to Treat, Allergy Info, Tylenol Permission, and Day Field Studies Permission (allowing students to go on field studies during the school day), and Authorization for Medical Treatment and Assumption of Financial Responsibility (extended trips/travel and athletics travel and treatment).

Please fill out one form per student.

The information from this form will be kept in the school offices for each student enrolled in that division. Emergency and Permission to Treat information will also be shared with the athletics office, for those students participating in school sports.

Student Information

Student Name _____ Grade _____

Date of Birth _____ Gender _____

Student Address _____

Emergency and Medical Contact Information

Who should we call first if we need to reach someone?

Primary Contact Name _____

Relationship to student _____

Email address _____

Preferred Phone _____ Secondary/Work Phone _____

Who should we call next if we cannot reach the primary contact?

Secondary Contact Name _____

Relationship to student _____

Email address _____

Preferred Phone _____ **Secondary/Work Phone** _____

Medical Emergency Treatment Consent

Please read the following statement and sign as indicated.

I hereby give my permission for Springdale Preparatory School to obtain the services in 2019-2020 of any of the indicated physicians or hospitals in case the above named student suffers an illness or accident, and the parent or guardian cannot be contacted. In case none of the above named persons can be contacted, I authorize school officials to take whatever action is considered to be in the best interest of my child.

Yes, I give consent (signature) _____

Physician Name _____

Phone Number _____

Dentist Name _____

Phone Number _____

Insurance Company _____

Policy/Group Number _____

Allergies - Medical Issues - Past Surgeries - Restrictions

Please list any chronic medical issues, allergies, and/or restrictions in the space provided below for your child (include a separate sheet if more space is needed). Examples include food allergies/restrictions, bee sting reactions, asthma, seizures, cardiac problems and any other medical conditions that are important for the school to know.

Over the Counter Medication Permission

On occasion, a child may require an over the counter medication. If you wish for this to be an option for your child during the 2019-2020 school year, please choose "yes" below to indicate that your child may take over the counter in the amount recommended by the manufacturer for his/her age. By choosing "yes," you also understand that non-medically trained school personnel may administer it.

My child may take Over the Counter Medications Yes _____ / No _____

Field Study and Trip Permission

I give my permission for my child to participate in educational field studies/trips. These activities will be planned and supervised by Springdale Preparatory School faculty and staff. I understand that the Springdale Preparatory School rules and behavior expectations guidelines listed in the Parent-Student Handbook apply to student conduct during all field studies and trips.

My child has permission to attend field studies/trips.

Yes _____ / No _____

Trip Waiver - Athletic Travel Waiver - Medical Treatment and Assumption of Financial Responsibility

Springdale Preparatory School sponsors trips and travels that go beyond the school day (eg. athletics events, class or grade level trips, travel to other cities, states or countries, etc.). As the parent or legal guardian, I give permission for my child to participate fully in school trips/travel. I hereby authorize the school representatives to take my daughter/son to a physician or hospital as may be indicated under the circumstances, to authorize on my behalf any medical treatment recommended for my daughter/son by an attending physician, including emergency treatment and surgery, and to assume on my behalf full financial responsibility for all medical bills incurred for such medical care and treatment rendered thereafter. I understand that an attending physician, or hospital, may require verbal permission from me over the telephone before medical care or treatment can be rendered to my daughter/son.

I hereby agree to assume full financial responsibility for all transportation costs, and to reimburse the school for all such costs paid, if it becomes necessary for my daughter/son to return home for any reason, including illness or injury requiring medical care or treatment, or for disciplinary reasons.

Additionally, for my student athlete, I give permission to the attending sports medicine personnel (certified athletic trainer, team physician or team physical therapist, etc.) to provide onsite evaluation and treatment. The attending sports medicine personnel may discuss my athlete's medical status with the coaching personnel.

I agree with the information presented above regarding Trips/Athletics and Travel, Medical Treatment and Assumption of Financial Responsibility.

Signature _____