



Emergency Information and Authorizations 2019-2020

Please carefully complete **ALL** the requested information.
A separate form must be provided for each student.
This form must be completed and returned prior to first day of attendance.

STUDENT NAME (First, Middle, Last)		DATE OF BIRTH	Grade
PARENT/GUARDIAN CONTACT INFORMATION (PLEASE PRINT NEATLY!)			Place an "X" on any line below if you do NOT want that item published in our family directory
Parent/ Guardian #1	Name	_____	_____
	Address	_____	_____
	City, State, Zip	_____	_____
	Home Phone	_____	_____
	Cell Phone	_____	_____
	Email 1*	_____	_____
	Email 2*	_____	_____
Parent/ Guardian #2	Name	_____	_____
	Address	_____	_____
	City, State, Zip	_____	_____
	Home Phone	_____	_____
	Cell Phone	_____	_____
	Email 1*	_____	_____
	Email 2*	_____	_____

**** NOTE: Our primary form of school communication is email. We send newsletters, reminders, weather-related school closings and other important information via email.
You may list more than one email address per person if you prefer.***

Student Name _____

EMERGENCY INFORMATION (PLEASE PRINT NEATLY!)

AUTHORIZATION TO ACT IN AN EMERGENCY:

_____ I authorize emergency care for my student in the event I cannot be reached.

**EMERGENCY CONTACT INFORMATION - MUST have 2, cannot be parents.
All information MUST be provided. PLEASE PRINT NEATLY!**

Contact #1 Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____
 Authorized to pick up from school? Yes No (circle one)

Contact #2 Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Cell Phone _____
 Authorized to pick up from school? Yes No (circle one)

**Please list any additional persons who are authorized to pick up this student from school.
All information MUST be provided.**

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____

Name _____
Address _____
City, State, Zip _____
Home Phone _____
Cell Phone _____

Please list any known persons who are NEVER authorized to pick up this student (if any):

PARENT/GUARDIAN SIGNATURE

DATE

Student Name _____

Please list any allergies or other medical conditions we should know about

Medical provider(s): Clinic _____

Physician Name _____ Phone No. _____

Dentist Name _____ Phone No. _____

OTHER PERMISSIONS (please check any/all for which you give permission)

Photo Publication Policy

We would like to use photos of our students in newsletters and on the webpage. Students featured in the pictures will not be identified by name without prior permission from the parent/guardian. Please indicate if you are in agreement with this policy by checking this line. If you are not in agreement, please list any restrictions:

Permission to apply sunscreen, Vaseline (for dry lips), and/or lotion (for dry skin)

I give permission for the Newman School staff to apply sunscreen, Vaseline, and/or lotion as needed. NOTE: Parents to provide items if student is product sensitive.

Permission to use diaper wipes

I give permission for the Newman School staff to use diaper wipes as needed. NOTE: Parents to provide items if student is product sensitive.

Permission to take short neighborhood walks

At the teacher's discretion, occasionally students are taken on short neighborhood walks. Additional staff (besides the teacher) always accompany these walks. Please indicate your permission to allow this activity.

FOR ALL NEW STUDENTS AND THOSE ENTERING KINDERGARTEN: I understand that my student may not attend school until this form and all health and vaccination paperwork is submitted to the school. Forms are enclosed in this mailing and must be mailed OR faxed (651-698-8912) to school by August 16. (THIS IS A STATE LAW.)

The Newman School's Early Childhood program is licensed by the MN Department of Human Services and carries liability insurance which is renewed yearly. Documents are available for inspection upon request.

I have received and read a copy of the Newman School Parent Handbook.

PARENT/GUARDIAN SIGNATURE

DATE

Student Name: _____

BEFORE AND AFTER SCHOOL CARE

In order to ensure proper staff/child ratios as required by the MN Department of Human Services, we need to know if/when parents need child care before and after school.

Before school care **starts at 7:30 am** and is no charge. Please indicate which days you will need before school care.

Mon Tue Wed Thu Fri

I do not need before school care at this time

The Newman School also offers **after school care** Monday through Friday from 3:30 – 5:30 PM. After school care is billed at a rate of \$10 per hour (or portion thereof) per child. Snack is provided for students in after care.

We know that parents' needs change through the year but if you know that you need after school care on a regular basis, please indicate which day/days your child will be staying. If this changes during the year, please let us know.

Mon Tue Wed Thu Fri

I do not need after school care at this time

If you need after school care on a **drop-in basis**, please call the school office as early as possible to see if there is space available on that day.

Parent Signature

Date

Please note: Ford Parkway (south side) drop-off and pick up hours: 8:15 – 8:30 am; 3:30 – 3:45 pm. Building access for all other hours is through the main entrance off the parking lot.