



EMERGENCY FORM AND WAIVER FOR SUMMER 2018

Student Name(s): _____

In the event of illness and we cannot reach either parent, please list TWO other adults we can contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event of a sudden, severe, or critical accident involving my child(ren), I authorize a representative of St. Thomas Episcopal School to call 911 for emergency medical support and transportation to North Central Baptist Hospital, the nearest emergency facility, unless designated differently below. EMS personnel at the scene may designate a different facility due to the level of emergency care needed. My child(ren) will go to that facility. I understand that I will be called immediately and that a representative for the school will meet me at the hospital.

In the event of an accident or illness that is not severe, I authorize first aid care until I can be reached. I understand that during a medical situation St. Thomas Episcopal School staff members will not transport children in private vehicles.

St. Thomas Episcopal School does not assume any financial responsibility, but will arrange for emergency care when deemed necessary.

Please transport my child to: _____

(Name of Hospital different than North Central Baptist)

Insurance Information

Policy Holder's Name: _____

Address: _____

Relationship to Student: _____

Policy Holder's Soc. Security #: _____ Insurance Company: _____

Group Number: _____ Policy Number: _____

Local Physician Name and Address: _____

Please list any allergies, special dietary needs, physical/mobility limits, and any other health condition or information you feel we should know about your child's health.

Parent Signature: _____ Date: _____



Photography Release- My child(ren) have my permission to be photographed by designated photographer(s) by St. Thomas Episcopal Church and School during school activities. I understand these photos may be displayed at the school, used in printed materials (including advertising), newspaper releases, St. Thomas website, St. Thomas Facebook page, etc.

Parent Signature: _____ Date: _____

Carpool Release Information/Permission- My child(ren) may be picked up by the following pre-approved person(s). (Please include appropriate parent's names as well.) You must notify the child's teacher in writing when a person other than a parent will be picking up a child, even if they appear on the following list. If you need to add or change this list, please contact the school office.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>

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