

Student Contact and Permission Forms

Turned in after enrollment is completed and before school or summer classes started

1. Medical Contact Information form
2. Emergency Contact information form
3. Field Trips, Outings, Special Subjects, Injury, Photography

HERITAGE COMMUNITY SCHOOL

MEDICAL CONTACT INFORMATION FORM

Child's Name _____

PARENTAL AUTHORIZATION

In case of a serious accident or illness, I request that the school try to contact me. In the event that I cannot be reached, I hereby give permission to school personnel to act on my behalf to get my child to the emergency room via ambulance and authorize medical staff to administer any treatment deemed necessary.

Parent Signature/s _____

Date _____

Child's Medical Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Medical Insurance Provider _____

Medical Insurance ID # _____ Group # Plan # _____

KNOWN MEDICAL NEEDS

SEVERE Allergies _____

EPI Pen required*? _____

**Parents must provide the EPI Pen and specific instructions to the class teacher.*

MILD Allergies or Sensitivities

EMERGENCY CONTACT INFORMATION

Child's Name

It is vital that the school have current emergency contact information on this form at all times. Parents are responsible for notifying the school immediately of any changes made in the course of the school year to the information submitted below.

A new form **MUST** be completed **EACH YEAR** for **EACH STUDENT**.

*If there is **new** contact information, please update my records.*

Parent/Guardian

Name

Address

Cell Phone

Email

Parent/Guardian

Name

Address

Cell Phone

Email

Back-Up Contact Person

Name

Relationship to Child

Phone

PERMISSIONS FOR FIELD TRIPS, & OUTINGS, SPECIAL SUBJECTS, INJURY, PHOTOGRAPHY

I hereby consent to my child(ren) **participating in any field trips** taken by their class or as a member of a school group. These field trips may be taken on foot, bicycle, bus, or by private car to a desired location. I understand that HCS will notify me in advance of each field trip or off campus excursion in advance one week before the outing. This permission is granted for all trips for the 2024-2025 school year. I will advise the school in writing if permission is withdrawn at any point during the school year.

Parent/Guardian Signature _____

I consent to my child(ren)'s participation in classes, activities, field trips, and other school sponsored events on and off campus of The Heritage Community School. I acknowledge that participation in these activities may expose the above named child to the possibility of **injury**. I hereby give permission to the teachers and staff of the school to seek medical attention for the child in the event of an illness, accident, or injury during school activities or field trips.

Parent/Guardian Signature _____

I acknowledge that students participating in **handwork, woodworking, gardening**, and other activities important to the education offered at The Heritage Community School will expose them to sharp objects, sewing needles, and tools. I acknowledge that they may also be exposed to **challenging physical movement**. I acknowledge that neither The Heritage Community School, nor its employees will be held responsible for **injuries** sustained at the school or on field trips. I hereby waive and release The Heritage Community School and its employees from any and all liability claims, demands, actions and/or damages that occur while attending classes, field trips, and school events, and assume all responsibility for named student, should an injury, accident or illness occur.

Parent/Guardian Signature _____

I, the above signed, do hereby consent to my child being **photographed** during school activities, field trips, and other school sponsored events on and off campus of The Siskiyou School. I understand that my child may appear in media sources on behalf of The Siskiyou School. I will advise the school in writing if permission is withdrawn at any point during the school year.

Parent/Guardian Signature _____