

MEDICAL INFORMATION

_____ Child's Doctor	_____ Address	_____ Phone Number
_____ Child's Dentist	_____ Address	_____ Phone Number
_____ Health Plan	_____ Plan Number	

I GIVE PERMISSION TO THE STUDENT STOP FOR THE FOLLOWING (CHECK ALL THAT APPLY)

- _____ My child may be given prescribed medication with parental consent.
- _____ My child may be given non-prescribed medication with parental consent.
- _____ My child may be taken on field trips by bus under required supervision.
- _____ My child may be photographed for publicity or news purposes.

HOW DID YOU HEAR ABOUT THE STUDENT STOP:

In signing this document, I verify that I have read the PARENT HANDBOOK (www.thestudentstop.org) and am bound by the policies within. I understand that I am responsible for all tuition costs and fees. In an emergency, The Student Stop has my permission to authorize emergency medical services if I cannot be contacted. The Student Stop will transport children by ambulance to the nearest hospital or clinic. I agree to be responsible for any expenses that may be incurred because of an emergency.

Signature of Parent

Date