

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.
- I will provide sunscreen for my child. Brand: _____
- My child may apply their own sunscreen under adult supervision

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/Guardian	Date
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