STUDENT RELEASE AND EMERGENCY INFORMATION FORM

STUDENT INFORMATION

Student's last name: _____First name_____DOB:_____

Home address: _____

_____

Parent 1/Guardian full name: _____

Cell phone # _____

Email address: _____

Parent 2/Guardian full name: _____

Cell phone # _____

Email address: _____

PEOPLE TO WHOM STUDENT CAN BE RELEASED IN AN EMERGENCY

List the contact information of individuals (other than yours, as a legal guardian) who can be contacted in an emergency and who are authorized to pick your child up from Learning Springs.

Name _____
Relationship _____
Phone number _____

Name _____
Relationship _____
Phone number: _____

List the contact information of individuals **who live out of state** and can be contacted in an emergency and who are authorized to pick your child up from Learning Springs.

Name _____
Relationship _____
Phone number _____

Name _____
Relationship _____
Phone number: _____

HEALTH ALERTS

Any known allergies: ☐ No ☐ Yes If yes, list and attach allergy action plan
_____

Any known medical conditions (seizures/diabetic/asthma etc.)
Is your child currently on medication? ☐ No ☐ Yes If yes, state name/frequency of administration
_____
If your child is on medication, please send in a 3 day supply in a prescription bottle in the earthquake kit.

INSURANCE INFORMATION
Please attach a photocopy of both sides of the insurance card.

Insurance Company _____. Policy #/Group #_____

Name of Insured_____. Relationship to participant_____

Name of the doctor/medical office_____

Office Phone_____

PARENT AUTHORIZATION FOR MEDICAL TREATMENT

(I), (We), the undersigned, parent(s) of_____, a minor, do hereby authorize Learning Springs Academy Inc., its employees and agents into whose care my/our child has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist to administer emergency medical assistance to my child. This permission and consent extends to the right of Learning Springs Academy Inc its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child. I further authorize

Learning Springs Academy Inc, by and through its employees and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child. It is understood that this authorization shall remain effective until revoked in writing and delivered to the school office. I understand that the Learning Springs Academy Inc. and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

I further waive any claims against Learning Springs Academy Inc, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Learning Springs Academy Inc, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.
It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I/We certify that I have read and understood this form and do hereby give my/our authorization for emergency medical treatment, and that all of the information /we have provided on this form is true and correct.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

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Learning Springs
Every moment a learning moment.

Earthquake/Disaster Comfort Kit

In the event of an emergency, we must be prepared to look after your child for an extended period. In addition to basic earthquake/disaster supplies housed at Learning Springs Academy Inc., each child is required to have a comfort kit and the **STUDENT RELEASE AND EMERGENCY INFORMATION FORM.** This kit should be designed to calm your child and keep him/her comfortable while awaiting pick up.

Earthquake supplies:

- ❑ Small package of Wet Wipes
- ❑ Small package of tissues
- ❑ One large plastic leaf/lawn trash bag
- ❑ One nutritious non-perishable snack (e.g. Granola bar (no nuts), fruit leather, jerky, etc.)
- ❑ Flashlight (with batteries packed *outside* the device
- ❑ Mylar blanket
- ❑ One small plastic drinking cup - 5 or 6 ounce size
- ❑ Warm socks, underwear and hat
- ❑ If your child is on medication, please send in a 3 day supply in a prescription bottle

All contents must be placed in **gallon zip lock bag** with your child's name/date.

Comfort kit ideas:

- ❑ Family photos/small comfort items (e.g., playing cards, paper pad and pencil, mini stuffed animal, mini chess or checkers, etc.)
- ❑ To ease the anxiety of children during an emergency, we are asking you to write a letter of comfort from you to your child. Please place your child's letter in an envelope clearly marked with their first and last name and submit it to school in your child's "Comfort Kit". The envelopes will be stored inside the classroom emergency bin.