GROTON COMMUNITY SCHOOL
AUTHORIZATION AND CONSENT FORM 2009/2010

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. However, if I cannot be reached, I hereby authorize **Groton Community School** to transport
Name of Child (first & last)
my child to the _____ Hospital (or nearest hospital) and to secure for my child the necessary
Name of Hospital
medical treatment. I understand that the teachers in the school are trained in the basics of First Aid and/or CPR, and I authorize them to administer first aid or CPR to my child when appropriate.

Parent/Guardian Name_____ **Home Phone**_____ **Work/Cell Phone**_____

Parent/Guardian Name_____ **Home Phone**_____ **Work/Cell Phone**_____

PARENTAL EMERGENCY PERMISSION

In case of illness, accident, or unforeseen circumstance/emergency, the persons listed below will be contacted if you cannot be reached and your child needs to go home. They also are authorized by you to have access in an emergency to health information about your child. **Groton Community School can only release your child to persons designated in writing by the child's parent/legal guardian** – PLEASE PROVIDE AT LEAST ONE NAME WITHIN CLOSE PROXIMITY TO THE SCHOOL

I hereby authorize the Groton Community School to release my child to the following persons (other than parent/guardian):

Name_____ **Relationship**_____

Address_____ **Tel. #s** _____

Name_____ **Relationship**_____

Address_____ **Tel. #s** _____

Name_____ **Relationship**_____

Address_____ **Tel. #s** _____

I understand that my child will be released to only those persons listed above unless I provide written instructions indicating otherwise.

_____ _____
Parent/Guardian Signature *Date*

PHOTO PERMISSION

I understand that photographs, slides, videotapes or movies may be taken of my child when at school and that these may be used by the school for educational or publicity purposes. No personal information is ever released.

Classrooms/General School Use/Newspapers:

_____ _____
Parent/Guardian Signature *Date*

GCS Brochure and Website:

_____ _____
Parent/Guardian Signature *Date*

MEDICAL INFORMATION

Name of Child's Physician:_____ Phone Number_____

Physician's Address:_____

Child's Allergies: _____

Chronic Health Conditions: _____

Health Insurance Information (Optional): _____

I give permission to post emergency allergy/medical information (list of allergies/medical conditions and medications) about my child in the classroom so that all staff can ensure their health and safety.

Rev.5/09

_____ _____
Parent/Guardian Signature *Date*