



Student Name

Grade

Date of Birth

2017-2018

STUDENT INFORMATION AND RELEASE FORM

_____ **Mark here if student is returning and information remains the same as last year (*Signatures on back still required*)**

Parent's Names

Home Phone

Address

Mom's Cell Phone / Dad's Cell Phone

Mom's Email

/Dad's Email

Mom's Work Phone / Dad's Work Phone

Physician's Name

Phone Number

Dentist's Name

Phone Number

PLEASE CHECK ALL HEALTH CONDITIONS WHICH APPLY TO YOUR STUDENT

___ No known health problems

___ Diabetes

___ Asthma:

___ Heart condition

___ Uses inhaler

Activity reactions: ___ Yes ___ No

___ Requires inhaler at school

___ Seizures

___ Hospitalized in last year for asthma

Currently on medication: ___ Yes ___ No

___ Allergies

___ Known hearing loss

___ Bee/insect sting

___ Wears glasses/contact lenses

___ Foods (please comment below)

___ Physical or birth defect (please comment below)

___ Other (i.e. penicillin, etc., please comment below)

___ Other (please comment below)

___ Epi Pen needed for allergy above

Additional Comments / Concerns: _____

Special Diet Considerations: _____

EMERGENCY CONTACT

In an emergency, parents will be contacted for immediate consultation. It is helpful to have at least one Wenatchee contact person, if you live outside the city of Wenatchee. If parents cannot be reached, we authorize the following person(s) to be our secondary emergency contact:

Name

Relationship

Phone Number(s)

1. _____

2. _____

TRANSPORTATION AND ACTIVITIES RELEASE/INFORMATION

I hereby authorize any adult representative of The River Academy, including parents volunteering for transportation duties, to transport my child in a family automobile on all field trips sponsored by the school. My child has permission to attend all activities sponsored by The River Academy unless otherwise notified.

If you plan on driving for any school activity, please provide your Insurance Information:

Carrier _____ Policy Number _____

I also authorize my student to participate in walking/running excursions for PE to close off-campus destinations such as Lincoln Park or Saddlerock Community Church gym, when accompanied by a teacher or substitute.

Parent/Guardian's Signature _____ Date _____

AFTER SCHOOL SPORTS

I authorize my child to stay for after school sports offered by The River Academy on the premises of The Wenatchee Valley Baptist Church, located at 650 Crawford Street, Wenatchee, WA. **I am aware that participation in some of these activities may involve risk of bodily injury. If personal injury to my child does result, I will not hold liable The River Academy or the Wenatchee Valley Baptist Church.**

Parent/Guardian's Signature _____ Date _____

AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION AND EMERGENCY MEDICAL TREATMENT

I authorize and give my consent to the authorities of The River Academy to:

Administer non-prescription medication (i.e. Tylenol, Motrin, Benadryl, etc.) Yes No

Obtain emergency medical treatment for my child as needed; also authorizing medical authorities to perform upon or administer necessary emergency medical or surgical treatment to my child. I understand that TRA authorities will attempt to contact me before relying upon this authorization. Yes No

Prescription medication WILL NOT be administered by the school without separate WRITTEN permission from a parent or guardian. All medications must be in original bottle including student's name, date prescription was filled and dosage.

Parent/Guardian's Signature _____ Date _____

USE OF MEDIA PERMISSION

It is possible that a picture or video of your child, or of work created by your child, may be taken by school staff, a parent, or the yearbook class. The River Academy may wish to use the resulting photos in the yearbook, school Webpage, Facebook page, school flyer, brochures, or information about school events.

I give permission to:

_____ post a picture of my child in the yearbook or on TRA's webpage

_____ post work/projects created by my child on TRA's webpage

_____ post my child's name on a list of awards, recognitions, achievements, etc.

_____ use my child's work as an example in other schools, workshops, conferences or contests.

Parent/Guardian's Signature _____ Date _____