

Charles Armstrong School

Student Emergency Information

CAS Student ID #:	Gender:
Student's Full LEGAL Name:	Birthdate:
Nickname (if any):	SSN:
Street Address:	Siblings at CAS:
City, State Zip:	Homeroom #:
Home Phone:	Email:

Parents and other Responsible Adults							
Relationship	Name	Daytime	Location	Day Phone	Cell Phone	Pager	Email
Mother							
.....							
Father							
.....							
.....							

List any special health and medical problems we should know about in case of emergency			

Drug or Food Allergies	_____		
Medical Insuror	_____	Policy #	_____
Physician	_____	Phone Number	_____
Dentist	_____	Phone Number	_____
Hospital of Choice	_____	Phone Number	_____

In case of emergency my/our child may be released to the following persons	Day Phone
.....	
.....	
.....	
.....	
Daycare Center or Sitter	

*****In the event you or any of the above persons cannot be reached, please specify your instructions for release of your child** _____

I/We hereby grant and delegate to the personnel of Charles Armstrong School the authority and power in emergency situations to take any and all actions deemed necessary with regard to my/our child in securing medical attention or other necessities for life, and I/We agree to be responsible for the cost thereof. In addition, I/We release Charles Armstrong School from all liability on account of claims which I/We, or my/our child, may have arising out of my child's activity as a student at Charles Armstrong School. I/We agree to indemnify Charles Armstrong School for, and hold it harmless against any and all claims which may be made by me/us, my/our child, on behalf of my/our child, or against me/us or my/our child by reason of any occurrence during the course of my/our child's activity as a student at Charles Armstrong School.

Signed: _____ Date: _____

Signed: _____ Date: _____

- Yes No
- Permission to publishing cell phone in Student Roster
- Permission to publishing email addresses in Student Roster

* Failing to mark box means these will be published.

Charles Armstrong School

Telephone 650 592-7570 FAX 650 592-0780

Permission to Administer A Non-Aspirin Pain Reliever

By school policy and following the state's education code, CAS faculty and staff will not administer any medication to any child without prior written permission from the parent or guardian.

If you would prefer the CAS staff be authorized to dispense a non-aspirin pain reliever product (i.e., Tylenol) to your child in cases of headache or minor aches or pains, this permission slip is for your convenience.

For cases of headache and/or minor aches or pains, Charles Armstrong School has my permission to administer to my child, either Tylenol or a generic non-aspirin pain reliever product in the dosage indicated below.

I understand that this authorization does not apply to any other type of medication.

Student's Name:

Please print

Dosage: 1 non-aspirin Child Strength Junior Strength Adult Strength
 2 non-aspirin Child Strength Junior Strength Adult Strength

Parent's Signature

Date

Release to Administer Medication at School

California Education Code states: Any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school personnel if the school receives:

(1) a written statement from such physician detailing the method, amount and time schedule by which such medication is to be taken; and

(2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in in the physician's statement.

My child is currently using the prescription medication indicated below.

..Student's Name: _____

..Type of Medication: _____

..Dosage to be given at school: _____

* I understand that all medications will be clearly marked with the student's name and will be kept in the school's Student Center. Student medications will be administered only by Charles Armstrong School office personnel.

* A written statement from the physician (see #1 above) is attached.

My child is presently taking the following medication which IS NOT administered during school hours.

..Type of medication: _____

Parent's Signature

Date
