

Health and Emergency Information Form for Students Attending SELAH Learning Center

The information on this form is not part of the SELAH Learning Center acceptance process, but is gathered to assist us in providing appropriate care and supervision for your child while at the Learning Center. This form is to be completed by parent/guardian of minors.



Name _____
(Last) (First) (MI)

Address _____
(Street Address)

(City) (State) (Zip)

Birth Date _____ Gender: Male or Female Age of Student _____ Grade _____

Name of Parents / Guardians _____

Home Phone _____ Cell Phone _____

Work Phone _____ Ext. _____ E-Mail _____

IF YOU ARE NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

1) Name _____ Relationship _____

Land Line _____ Cell _____

2) Name _____ Relationship _____

Land Line _____ Cell _____

INSURANCE INFORMATION:

Insurance carrier or plan name _____ Group # _____

Carrier Address _____ Phone _____

Name of Insured _____ Relationship to participant _____

Doctor's Name _____ Phone # _____

Dentist / Orthodontist _____ Phone # _____

IMPORTANT—The box below **MUST** be completed to participate.

Parent / Guardian Authorization: This information is correct and complete to the best of my knowledge. The person listed above has permission to engage in all SELAH Learning Center activities except as noted. I hereby give permission to the SELAH Learning Center to administer any necessary first aid and to arrange transportation to a medical facility and seek emergency medical treatment in case the person named becomes seriously ill or injured and requires such treatment. Permission is also granted to the attending physician to render whatever treatment is deemed necessary for the person's welfare, and the responsibility for all expenses incurred will be assumed by the person whose signature appears below. I hereby release and discharge SELAH Learning Center and its representatives from any and all liability in case of accident or any other injury which might occur to my child through administering first aid and/or transporting to a medical facility. I give permission to administer over-the-counter medication, including, but not limited to Tylenol, Advil, TUMS, or cough/cold medicine, if deemed necessary by the Learning Center nurse. This completed form may be photocopied for trips outside of the Learning Center.

Signature of parent / guardian _____ Date _____

REVERSE SIDE MUST BE COMPLETED

HEALTH HISTORY

The following information must be completed by the parent / guardian. The purpose of this request is to provide the SELAH Learning Center personnel the background information needed to provide appropriate care for this student. Please keep a copy of this completed form for your records. Any changes in health during the year should be added to this form. Please provide complete information. If any information requested does not apply, please list as NA.

MEDICATIONS: List any medications to be taken during your child's time at SELAH Learning Center.

(Name of medication)	(Dosage)	(Name of medication)	(Dosage)
ALLERGIES (list <u>ALL</u> known)		(Please describe reaction and management of the reaction)	
MEDICINE	Y / N	If yes, list: _____	
FOODS	Y / N	If yes, list: _____	
BEE STINGS	Y / N	If yes, does your child carry an Epi-pen with him/her? Y / N	
OTHER	Y / N	If yes, list: _____	

EMERGENCY MEDICAL INFO

Seizure/Epilepsy	Y / N	Fainting Spells	Y / N
Heart Trouble	Y / N	Contact Lenses	Y / N
Diabetes	Y / N	Other:	_____
Asthma	Y / N	If yes, does your child have an inhaler?	Y / N

RESTRICTIONS (Please explain any necessary restrictions or limitations that apply to this individual.)

COMMENTS (Please include any other information that would be helpful for us to know to make your child's time at the Learning Center as successful as possible, such as learning differences, physical differences, medications in addition to those listed above or other pertinent information.)

VERY IMPORTANT INFORMATION: For safety reasons, every student must be signed in and signed out **EVERY TIME** they arrive at and leave the Learning Center. This can only be done by you or by those who have your permission to do so. Please list below all those who have permission to sign out and / or transport your student (be sure to include yourself, spouse, relatives, neighbors, or even the student if he/she has permission to sign out and transport him/herself). **IF SOMEONE NOT INCLUDED ON THIS LIST ARRIVES TO SIGN OUT YOUR CHILD, YOUR CHILD WILL NOT BE RELEASED TO THEM!**

If your student is a teenager and has permission to sign themselves in and out, please complete the following information.

1. Does your child have permission to leave SLC between classes or during lunch? Y / N
2. Does he/she have permission to leave SLC during the day and ride in a vehicle which is being driven by another student? Y / N
3. Will your child be transporting themselves to SLC? Y / N (If YES, please answer questions #4 and #5.)
4. Does he/she have your permission to transport other students (besides siblings) in their vehicle? Y / N
5. Do you want us to contact you if your teenager does not arrive for their classes? Y / N

Parent **MUST** sign below for student to have these privileges.

Parent or Guardian Signature: _____ Date _____

PHOTO PERMISSION: Does SELAH Learning Center have your permission for photos of SELAH activities, which may include your child, to be used in SELAH promotional materials without liability or remuneration? Yes _____ No _____

Parent or Guardian Signature: _____ Date _____