

## Individual Child Information

Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication required? \_\_ Yes \_\_\_ No

Are Meds needed at school? If yes, please list: \_\_\_\_\_

A medication form will need to be signed for all medications given in school.

### Emergency Medical Treatment

Although we will always call you first, to be absolutely safe, written authorization is needed for treatment of your child by hospital personnel and physicians if you are not available. Your child may suffer unnecessary discomfort while waiting for you to be reached to approve such treatment as stitching a cut or setting a broken arm.

### Please initial each of the following statements

\_\_\_\_\_ In case of an accident, the school faculty member in charge has my permission to take my child for emergency medical treatment.

\_\_\_\_\_ My child has permission to go on field trips with St. Charles School during the period of August 28, 2017 to June 9, 2018. All necessary transportation will be provided by St. Charles School in cooperation with Greenville Public Schools.

\_\_\_\_\_ I/We assume all responsibility for the above named child to participate in school activities.

### Touching Safety

I have read the *Touching Safety* information from the website and the teachers \_\_\_\_\_ **have/** \_\_\_ **do not have** my permission to present *Touching Safety* to the child listed above while at St. Charles School.

My signature on this form states that I am in agreement with the above stated information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_