

Williamsburg Academy Care Registration 2021

Student's Name: _____ SS# _____ Entering Grade _____

Address: _____

Father: _____ Home Phone _____ Work _____ Cell _____

Mother: _____ Home Phone _____ Work _____ Cell _____

Emergency Contact: _____

Work Phone _____ Home Phone _____ Cell Phone _____

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Please list individuals who have permission to pick up your child/children.

Please give any extra information that you feel would help us to provide the best possible atmosphere for your child/ children.

Insurance Verification Name of Health/Accident Insurance Provider: _____

Policy # _____ Expiration Date _____

Family Physician _____ Office Phone # _____

Emergency Information and Medical Treatment Consent

I, _____, the parent or guardian of _____ recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. **Please make the following notations on my son/daughter's records:**

Allergies to medication: _____

Medications for long-term illness: (Indicate illness and medication) _____

Relevant Medical Information (e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur)

It is the parents' responsibility to keep all insurance and medical information current throughout the entire school year.

May Tylenol be given at school? _____

May Motrin be given at school? _____

I plan on using daycare _____ full time _____ several days a week _____ drop in occasionally