Williamsburg Academy Care Registration 2024-2025

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** _____________

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)

____

____

__________________________ ___________________________________

Date **Signature of Parent**

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?** _____

Full Time Option ONLY….. $50.00 a week.