

IMMACULATE CONCEPTION ACADEMY - Registration Form for School Year 2018-2019

Parent Information

1. Father's Name: _____ Email: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Work Number: _____
Occupation: _____
2. Mother's Name: _____ Email: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Work Number: _____
Occupation: _____
3. Family Address: _____ City: _____
State: _____ Zip: _____
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Student Information

- 1) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____
- 2) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____
- 3) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____
- 4) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____
- 5) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____
- 6) Student Name: _____
Last First Middle
Grade Level: _____ Date of Birth: _____ Gender: _____

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Person(s) who may be notified and to whom your child/children may be released if the school cannot reach you:

1) _____ Relationship _____ Phone _____

2) _____ Relationship _____ Phone _____

To Grant Consent:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the Physician listed below, or in the event that the designated preferred practitioner is not available, another licensed physician or dentist may administer treatment; (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless a concurring medical opinion of two other licensed physicians or dentists deems it a necessity for such surgery, provided the opinion is obtained prior to the performance of such surgery.

Physician Name: _____ **Phone:** _____

To Refuse Consent:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take NO action, but instead to:

Medical Authorization

Under what circumstances should we call you? (Parents will automatically be called if a child suffers a head injury or has a fever.)

The following medications may be given: (Please check the boxes Yes or No)

<input type="checkbox"/> Y <input type="checkbox"/> N First Aid Cream	<input type="checkbox"/> Y <input type="checkbox"/> N Cough Drops	<input type="checkbox"/> Y <input type="checkbox"/> N Pepto-Bismol
<input type="checkbox"/> Y <input type="checkbox"/> N Benadryl	<input type="checkbox"/> Y <input type="checkbox"/> N Cough Syrup	<input type="checkbox"/> Y <input type="checkbox"/> N Ibuprofen
<input type="checkbox"/> Y <input type="checkbox"/> N Sudafed	<input type="checkbox"/> Y <input type="checkbox"/> N Antacid	<input type="checkbox"/> Y <input type="checkbox"/> N Tylenol

Any known medical conditions (such as allergies or diabetes):

Any other pertinent medical information: _____

Parent's or Guardian's Signature: _____ **Date** _____

Permission Forms

Throughout the school year the priests and teachers of Immaculate Conception Church and Immaculate Conception Academy will take the students on outings and field trips. Details about each outing and field trip will be posted on our web page and will be emailed to parents. Also, ICA has permission to use Dorl Field and Shea Stadium, for both the boys and girls Physical Education during the school year.

_____ My child/children **may** be allowed on outings and field trips / Dorl Field and Shea Stadium

_____ My child/children **may not** be allowed on outings and field trips / Dorl Field and Shea Stadium without my written permission each time.

Ride with Student Driver

Some of our licensed high school students may be needed to drive to and from different venues (i.e. sponsored field trips and outings). Please indicate if your high school student may drive, and also, if your child/children may ride with a student driver.

_____ My high school student (name) _____ **may** drive to and from the above destinations.

_____ My high school student **may not** drive to and from the above destinations.

_____ My child/children below **may** ride with a student driver.

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

By signing this form I hereby release and discharge Immaculate Conception Church and Immaculate Conception Academy, its agents, employees, other staff and independent contractor(s) acting on behalf of or in concert with Immaculate Conception Church and Immaculate Conception Academy, from any liability whatever, resulting from or in any injury or damage which may be sustained by my student child/children while traveling to and from the different destinations for Physical Education or class/school outings.

Additionally, I indemnify and hold harmless Immaculate Conception Church and Immaculate Conception Academy, its agents, employees, other staff and independent contractor(s) from any claim which my minor child may assert in connection with such occurrences at any time in the future.

Parent's or Guardian's Signature: _____ Date _____