IMMACULATE CONCEPTION ACADEMY - Registration Form for School Year 2016-2017

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: _____

   Please indicate if any of the following apply:

   Widowed _____ **Separated** _____ **Divorced** _____ **Annulled** _____ **Remarried** _____

3. **Family Address:**_____ **City:** _____
   State: _____ **Zip:** _____

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 her by 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; and (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)

__Y __N First Aid Cream	__Y __N	__Y __N Cough Drops	__Y __N	Pepto-Bismol
__Y __N Benadryl	__Y __N	__Y __N Cough Syrup	__Y __N	Advil
__Y __N Sudafed	__Y __N	__Y __N Antacid	__Y __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 serve 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 _____