

# WSWHE BOCES Young Scholars Emergency/Permission Form 2012-2013

Please check the appropriate permission boxes and complete the emergency form, sign and date, and return using the enclosed self-addressed envelope to:

WSWHE BOCES, Gifted and Talented Resource Center  
27 Gick Rd, Saratoga Springs, NY 12866

## Permission Form

- |  | Yes | No |
|--|-----|----|
| 1. I grant outdoor recess/activity permission..... | O   | O  |
| 2. I grant photo/videotape permission.....         | O   | O  |
| 3. I agree to the Internet usage policy.....       | O   | O  |
| 4. I want pesticide notification.....              | O   | O  |
| 5. I grant assessment testing scores release.....  | O   | O  |

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Information

Home School: \_\_\_\_\_

What grade level will your student be in during the 2012-2013 school yr: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
(if applicable) (Grandparent, Stepparent, Aunt, Uncle, Sibling, etc.)

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and address of relative or other person to be contacted if either parent cannot be reached:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

List any allergies or other important medical information: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARENT or GUARDIAN SIGNATURE:** \_\_\_\_\_

To the parent: Please return this sheet promptly. A copy will be kept on file so that you or a responsible person designated by you may be contacted if needed. The family will be required to provide transportation from school to home or physician if needed. An emergency will be referred to the school administrator and/or any available medical professional.

### If a custody arrangement exists for this student, please indicate the individual(s) with custodial rights.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Extra Mailing? Yes or No