

# LOUISVILLE COLLEGIATE SCHOOL

## Emergency Care Information

2010-2011

In case of an emergency, school staff will contact 911.  
Every attempt will be made to contact a parent, guardian or designated emergency contact.

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Grade Level (10/11) \_\_\_\_\_  
*last first middle*

Phone \_\_\_\_\_ Cell (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_

### FAMILY INFORMATION

PARENT

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Step-parent (if applicable) \_\_\_\_\_

Student lives with:

Both parents     Mother     Father     Female/Male guardian     Stepmother     Stepfather

Emergency Contact other than parent (REQUIRED)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### TRAVEL PERMISSION AND RELEASE

The Student Travel Permission and Release Form shall constitute my permission as the parent/guardian of \_\_\_\_\_, a student of Louisville Collegiate School, to participate in school sponsored events during the current school year. These events may include, but are not limited to, field trips, sports practices, games and academic competitions. I understand that my child may be transported by bus, school van, parent, faculty, or fellow student drivers. I hereby release and hold harmless Louisville Collegiate School, its personnel and directors, from any and all liability for any injuries, loss or other claims arising out of my child's participation in these school sponsored events.

### PHYSICIAN AND INSURANCE

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

This document or a copy thereof, gives consent to any Louisville Collegiate School employee in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of my child.

*Please note: Collegiate offers accident insurance as a supplement to the student's insurance.*

Parent/Guardian Signature (required on both sides) \_\_\_\_\_ Date \_\_\_\_\_

OVER

