



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.					

PARENT/GUARDIAN CONTACT INFORMATION

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school. A non-custodial parent has the right to be listed as an emergency contact unless a court order or other legal document stating otherwise has been presented to the school.

Last:			First:		Middle:		Telephone	
							Home:	
Number:		Street:			Apt.#:		Work:	
City:			State:		Zip:		Other:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		
Last:			First:		Middle:		Telephone	
							Home:	
Number:		Street:			Apt.#:		Work:	
City:			State:		Zip:		Other:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		
Last:			First:		Middle:		Telephone	
							Home:	
Number:		Street:			Apt.#:		Work:	
City:			State:		Zip:		Other:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		
Last:			First:		Middle:		Telephone	
							Home:	
Number:		Street:			Apt.#:		Work:	
City:			State:		Zip:		Other:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		

OTHER CONTACT INFORMATION

Please list four people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.



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STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
School Name:	ID No.:	Teacher or Counselor:		Bus # (AM):	Bus # (PM):

SIBLINGS ATTENDING THE SAME SCHOOL (complete if applicable).

Name(s): _____

CURRENT HEALTH CONDITIONS

Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.

<input type="checkbox"/> allergies (be specific)	<input type="checkbox"/> hemophilia
<input type="checkbox"/> foods _____	<input type="checkbox"/> physical disability (be specific) _____
<input type="checkbox"/> medicines _____	<input type="checkbox"/> respiratory (be specific) _____
<input type="checkbox"/> bee sting or insect bite _____	<input type="checkbox"/> seizures
<input type="checkbox"/> other _____	<input type="checkbox"/> vision problems (be specific) _____
<input type="checkbox"/> asthma	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
<input type="checkbox"/> cancer	<input type="checkbox"/> other (be specific) _____
<input type="checkbox"/> diabetes	
<input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s)	
<input type="checkbox"/> heart problems (be specific) _____	

List all medications and dosages your child receives on a continual basis:

MEDICAL ALERT INFORMATION ON FILE

This space reserved for system printing of Health Information

PHYSICIAN INFORMATION

My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) _____ (telephone)

My child's medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

The school has my permission, 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 my authorization to provide treatment that a physician deems necessary for the well-being of my child.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

After printing, please sign here and date.

Continue to page 3

PERMISSION SLIP and HEALTH FORM

The medical information is used by parent chaperones and staff as a supplement to the FCPS Emergency Care Form. **PARENTS, AFTER CHECKING APPROPRIATE BOXES AND LEGIBLY FILLING IN REQUESTED INFORMATION, YOU MUST PRINT A HARD COPY OF THIS FORM, SIGN IT AND MAIL IT IN TO: RBOPO, PO BOX 39, FAIRFAX, VA 22039**

Student Name: _____ **Home Phone:** _____

Does your child use an inhaler? YES NO
Is your child taking any medications? YES NO

What?

Does your child use an epi pen? YES NO
Does your child have health conditions that may limit his/her participation in any activities? Yes No

Please explain:

May the chaperones/staff provide the following to your child on request? (Check all that apply)

- | | | | |
|---------------------------------------|--|-------------------------|--|
| Sudafed | <input type="checkbox"/> YES <input type="checkbox"/> NO | Acetaminophen (Tylenol) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ibuprofen (Motrin/Advil) | <input type="checkbox"/> YES <input type="checkbox"/> NO | Pepto Bismol /Tums | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Throat lozenges | <input type="checkbox"/> YES <input type="checkbox"/> NO | Aleve, etc | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Dramamine or Bonine | <input type="checkbox"/> YES <input type="checkbox"/> NO | Benadryl | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Last Tetanus Immunization Date: _____ | | Claritin YES NO | Imodium YES NO |

In accordance with FCPS Form IS-248

(Parent and Guardian Authorization and Acknowledgment of Risk (Water-Related))

I hereby grant permission for my child (named above) to participate in field trips involving some water-related activity. I understand that this activity does expose my child to the risk of injury or death. I further understand that participation in the field trips will involve activities off school property and that neither Fairfax County Public Schools nor its employees will have any responsibility for the condition of non-school property.

I hereby grant permission for my child to participate in all aspects of these field trips, **EXCEPT** ANY THAT ARE WATER-RELATED

Signature of Parent or Guardian Date

OR OR OR OR OR OR OR OR OR OR

I hereby grant permission for my child to participate in all aspects of these field trips, **INCLUDING** WATER-RELATED ACTIVITIES.

Signature of Parent or Guardian Date

RULES AND REGULATIONS AGREEMENT // PERMISSION TO TRAVEL

In accordance with FCPS Form IS-002 (Field Trip Permission Form)

I have read and understand all the regulations regarding membership in the Robinson Band/Orchestra Program. I further agree that my child and I will follow these regulations for the good of the entire organization.

I accept full responsibility in giving my permission for my child to TRAVEL with any and all Robinson Secondary School bands, orchestras, and ensembles to all activities during the 2010-2011 school year. This permission includes all rehearsals, performances and other activities of the band/orchestra and its ensembles. Travel will be by authorized school or charter bus, or parent driven-vehicles, whenever possible. Special permission is necessary for students to drive other students to any school/band/ orchestra event.

PARENT SIGNATURE _____ **DATE:** _____

RBOPO
P.O. Box 39
Fairfax Station, VA 22039

After printing, please sign and date page 2 and page 3.

Do not staple forms together - thanks!

(MAIL TO THIS ADDRESS)