

Chesapeake Academy
Permission Slip and Emergency Information Sheet
2011-2012
Due by July 25, 2011

I, _____, hereby give my permission for
_____ in grade _____
(name of only one child per form please)

to travel to various events sponsored by Chesapeake Academy, transported by school vehicles. I agree not to hold Chesapeake Academy, Inc., its Board of Trustees, administration, faculty or any affiliates of same (persons or organizations acting on behalf of Chesapeake Academy) liable in law jointly and/or severally in the event of accident or mishap. Furthermore, I authorize the person holding this document, acting as an agent of the school to act *in loco parentis* with respect to emergency medical treatment for my child's health and well-being. I also agree to be responsible for any and all costs associated with such care. **Please print unless a signature is required.**

Insurance Company _____ Policy # _____

Name of Policy Holder _____

Signature of Parent/Legal Guardian _____ Date _____

Name of Parent/Legal Guardian if different from policy holder _____

Home Address _____

Mom home phone _____ Wk ph _____ Cell _____

Dad home phone _____ Wk ph _____ Cell _____

Best Email Contact: _____

Best number to use in case of an emergency or school closure _____

Two different Emergency Contacts who also have your permission to pick up your child(ren) from school.

Name	Relationship	Phone Numbers (home, work, cell)
(1) _____	_____	_____
(2) _____	_____	_____

Please list below any special medications your child is taking, any allergies, and any other pertinent health or social information. Information is to be kept up-to-date with the Academy.

Permission to give over the counter medications when indicated: Yes _____ No _____

Ok for age/size appropriate doses for: Tylenol _____ Benadryl _____ Cough Drops _____

Meds from home must be in the original container with intact label and have the child's name on it.

Children with a fever should not be brought to school. They are to be fever free for 24 hours without medication. Parents/Guardians will be contacted in the case of illness.