

Seabury School
Student Emergency Information and Medical Care Authorization

Name _____ Home Phone: (____) _____
Last First Middle
Address _____ Age ____ Birth Date: ____/____/____
Street City Zip
Date of last physical examination ____/____/____
(This information is required by law)

Family Information:

Male Guardian with whom student lives Relationship _____
Female guardian with whom student lives Relationship
(____) _____ (____) _____
Business Phone Number Business Phone Number

E-Mail Address Cell phone or Pager E-Mail Address Cell phone or Pager

Other persons authorized to pick up student from school:

Name Relationship Address Phone Number

Name Relationship Address Phone Number

Alternate persons (local) to be notified in case of an EMERGENCY:

Name Relationship Address Phone Number

Name Relationship Address Phone Number

Special Health Problems, Allergies, or Comments: ___None ___Yes *(Please describe below, including any regularly taken medications)*

Physician Phone Number Hospital Phone Number

Dentist Phone Number Address

If the parents and/or authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. Transportation may be provided by the fire department. It is understood that I will assume full responsibility for the payment of any services rendered.

Parent's Signature Date

Publicity Form

Teachers and students at Seabury School periodically have their pictures taken at school functions, field trips, in the classroom or at other times. These photos may be used in school publications and on our website. There may also be opportunities for the media to be on campus. Many parents enjoy seeing their children's pictures in newspapers, television, on Seabury's website and social media platforms or in school publications. However, we would like to respect the wishes of those parents who do not want their children identified for various reasons.

I approve allowing my child to be photographed and/or interviewed by the news media in reference to Seabury School.

Yes No

I approve Seabury School photographing, interviewing and/or acknowledging my child for Seabury School publications and promotional materials.

Yes No

I approve the use of my child's photograph on Seabury's websites and social media platforms. I understand that my child's name and identifying information will not be included on the website.

Yes No

Student Name: _____

Parent Signature: _____

Date: _____

By marking "no" for any of the above, signing and returning this form, it directs us to make an extra effort to see that your child's photo is not available to the news media or used in School publications. Realistically, however, not all School situations can be controlled, and a School cannot always guarantee that a child will not be identified in news media reports.

Sensitive Issues

Within the many activities included in Seabury's program, there may be issues or topics, which affect the sensitivities of particular families. The school wishes to respect the values and cultural differences of its diverse population, but doing so also requires prior knowledge of areas of potential parent concern.

Any input provided on this form is confidential and such information directs us to make an extra effort to address your sensitivity through prior communication of related program/activity content. A course of action relating to your child's participation will then be determined in consultation with you. Please realize, however, that realistically not every school situation can be controlled, and an exchange of ideas relating to social, intellectual, moral and cultural differences can provide better understanding and caring attitudes.

Student Name: _____

Sensitive area which reflects family values or cultural/religious belief: _____

Parent Signature _____

Date: _____