

George Stevens Academy
Contact & Emergency Information 2020-2021

We require a separate, completed contact form **EACH YEAR** for **EACH** student enrolled at GSA.

STUDENT NAME:

(first) (middle) (last) (preferred name or nickname)

Gender: M F N Grade: _____ Date of Birth: (M) _____ / (D) _____ / (Y) _____

*Student's Cell Phone: _____

PRIMARY HOUSEHOLD (*Student's primary residence*)

Parent/Guardian #1: _____ **Parent/Guardian #2:** _____

Relationship to student: _____ Relationship to student: _____

*Cell: _____ Work: _____ *Cell: _____ Work: _____

*Email: _____ *Email: _____

Employer: _____ Employer: _____

Mailing Address: _____

Street Address: _____

Home Telephone: _____

SECONDARY HOUSEHOLD (*if any*)

Parent/Guardian #1: _____ **Parent/Guardian #2:** _____

Relationship to student: _____ Relationship to student: _____

*Cell: _____ Work: _____ *Cell: _____ Work: _____

*Email: _____ *Email: _____

Employer: _____ Employer: _____

Mailing Address: _____

Street Address: _____

Home Telephone: _____

* Required for our emergency alert system

→ *Student and parent name, address, phone, and email will appear in the School Directory UNLESS you check here*

~ Please complete reverse side ~

ALTERNATE CONTACTS *who have permission to assume temporary care of your child if you cannot be reached.*

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Home Telephone: _____ Home Telephone: _____
Cell: _____ Work: _____ Cell: _____ Work: _____

MEDICAL INFORMATION 2018-2019

Family doctor: _____ Office Phone: _____

If the student is on medication (including an inhaler), please list here: _____

Allergies: _____

Written permission from a health care provider and parent/guardian is required for administration of prescription and over the counter medication. Medication must be kept in the school nurse's office and must be clearly labeled, preferably in its original packaging.

Insurance Company: _____ Policy Number: _____

USE OF STUDENT'S NAME AND PHOTOGRAPHS/VIDEOS IN SCHOOL PUBLICATIONS

*George Stevens Academy reserves the right to publish students' names and photos and/or videos of students in its print materials (for example, in brochures, GSA Matters, etc.), on its website, and in news releases to local papers. We are careful to protect a student's personal information (ID number, phone number, street address, or details about where a student is during the day). **Please contact the Director of Communications if you have concerns or questions about this policy.***

MEDICAL TREATMENT PERMISSION

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named above and to follow his or her instructions. If it is impossible to contact this physician, the school should make whatever decision it thinks best.

→ Signature of Parent/Guardian (required): _____ Date: _____

TRAVEL PERMISSION

I give my permission for this student to travel to and from school-sponsored activities, clubs, sports, etc., with the following exceptions (if any):

_____.

→ Signature of Parent/Guardian (required): _____ Date: _____