

**CHARLOTTE PREPARATORY SCHOOL  
EMERGENCY INFORMATION AND  
TREATMENT AUTHORIZATION  
2011 – 2012**

**Student Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

**Allergies / Special Health Concerns:** \_\_\_\_\_

**Please list regular medications and conditions for which prescribed:** \_\_\_\_\_

**Emergency contacts, other than parents, who are authorized to assume responsibly for student (including pick up):**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Names of alternate people authorized to pick up my child: (please attach any additional contacts)**

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_
6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Consent Statement: If, in the judgment of any representative of the school, the above-named student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment by a licensed physician, nurse or qualified school personnel. It is understood that every effort will be made to contact me or one of the above-named emergency contacts in the event of an emergency. I understand that it is my responsibility to notify the school if there are any changes to the above information. By signing this consent I understand that the information provided will be shared with other CPS personnel when necessary and, in an emergency, with other medical professionals.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFF-CAMPUS FIELD TRIP RELEASE**

By executing this document, the undersigned parent authorizes Charlotte Preparatory School to conduct and involve my child in field trips off campus to public parks (including James Boyce Park), to historical sites and various other facilities within the City of Charlotte, the surrounding seven county area and other sites of educational interest within the states of North and South Carolina.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_