

Please fill out form completely, sign and return to Marcy Reynolds

Please keep this information current and call Marcy with any updates

		Student Name: Last	First															
Parent Information		Student Information																
Parent/Guardian With Whom Student Lives	Phone #	Nick Name: Other	Female <input type="checkbox"/> Male <input type="checkbox"/>															
Address		Birth Date:	Grade:															
City/Zip	Relationship (Type of Custody)	E-mail Addresses:																
		Mother:																
Legal Mother's Name		Father:																
Home Phone #	Cell Phone #	Student:																
Employer	Occupation	Work Phone #	Brothers/Sisters															
Address/City/Zip (if different from above)		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"><u>Name</u></th> <th style="width: 20%;"><u>Grade</u></th> <th style="width: 40%;"><u>School</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">1</td> </tr> <tr> <td colspan="3" style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">3</td> </tr> <tr> <td colspan="3" style="text-align: center;">4</td> </tr> </tbody> </table>		<u>Name</u>	<u>Grade</u>	<u>School</u>	1			2			3			4		
<u>Name</u>	<u>Grade</u>	<u>School</u>																
1																		
2																		
3																		
4																		
Legal Father's Name																		
Home Phone #	Cell Phone #																	
Employer	Occupation	Work Phone #																
Address/City/Zip (if different from above)																		

ALTERNATIVE EMERGENCY CONTACT INFORMATION

Please give the following information of someone (other than parents) to take your child if s/he becomes ill and parents are not home. Students will only be released to those persons listed below. Also, in case of disaster - earthquake, flood, etc., your child will only be released to those persons listed below.

Name	Relationship	Address	Phone
Daycare		Address	Phone

If none of the persons listed above are available, I hereby authorize Marcy Reynolds, JT Osgood or designee, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor. I understand this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agents to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the school year unless revoked in writing and delivered to Marcy Reynolds or JT Osgood. I hereby indemnify Ocean Grove Charter School, its employees, and its governing board from any liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

I understand that Ocean Grove Charter School does not provide accident medical insurance for students for school related injuries.

Signature of Parent/Guardian

Date

