



Re-Enrollment and Authorizations

Student Information

Student Name: _____ School Year: _____

Grade Entering (Kinder - 12): _____, or

Pre-K 3: M-F M/W/F

Pre-K 4: M-F M/W/F

Pre-K 5: Primer M-F

Parent/Guardian Permission

Please initial beside each item if permission is granted.

_____ **Permission for Use of Photograph:** I give permission for The Fulton School to use pictures of my child for promotional purposes. I understand that The Fulton School will not use the photograph(s) in any way that will harm my child.

Advertising/School Newsletter

Web-site publishing

Yearbook

_____ **Field Trip Authorization:** Field trips are considered part of the classroom instruction. My child has my permission to take school sponsored field trips for the current school year. Notification of dates and locations will be sent home prior to any off-campus activity. A student is assumed to have parental/guardian permission to ride in any vehicle driven by a school faculty member or administrator at any time unless the parent/guardian gives written notice to the office.

_____ **School Directory Permission:** I give permission for the school to publish my child's name, address, phone number, parents' names, work number, cell number, and email address.

Parent Signature: _____ Date: _____

Local Emergency Contacts and Authorized to Pickup

Name: _____ Relationship: _____ Home: _____

Cell #: _____ Work #: _____ Authorized to pickup: ___ Yes ___ No

Name: _____ Relationship: _____ Home: _____

Cell #: _____ Work #: _____ Authorized to pickup: ___ Yes ___ No

Name: _____ Relationship: _____ Home: _____

Cell #: _____ Work #: _____ Authorized to pickup: ___ Yes ___ No

Name: _____ Relationship: _____ Home: _____

Cell #: _____ Work #: _____ Authorized to pickup: ___ Yes ___ No

Medicine/Allergy Information

Please refer to the Fulton's Parent and Student Handbook for details on Health Care and Medication.

1. Is your child on any medication/s? If Yes, please list: _____

2. Is this medication/s taken on a regular basis? Please list days, times and dosage: _____

3. Please list any allergies or medical conditions your child has: _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to a hospital.

Yes No

My preference for emergency treatment is:

Hospital or Clinic: _____ Phone: _____

Physician: _____ Phone: _____

Address: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital or clinic.

Parent Signature: _____ Date: _____

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence by the school, its agents, or employees. The undersigned also agrees to indemnify the school for damages by my child. To protect the health and safety of each student, I have completed the medical information on the Enrollment Authorization Form and have had the physician complete the Medical Evaluation Form, which are included in this packet, and have indicated any restrictions which should be placed on my child's participation in activities. I agree that all pages of this packet are made a part of this Enrollment Packet.