

Gateway School Family Information Card Summer 2010

Please print clearly using black or blue ink

Student's Last Name	First Name	Gender	DOB	Grade entering in Fall
---------------------	------------	--------	-----	------------------------

(1) Parent or Guardian to Contact

Name _____ Home Phone _____
Home Address _____ Work Phone _____
City _____ Zip _____ Cell Phone _____
Parent 1 works at _____ Email _____

2) Parent or Guardian to Contact

Name _____ Home Phone _____
Home Address _____ Work Phone _____
City _____ Zip _____ Cell Phone _____
Parent 2 works at _____ Email _____

Persons authorized to pick up my child or to be contacted in case of emergency if I cannot be reached.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Medical Information

Allergies or Special Medical Conditions: observable symptoms & course of action: _____

Doctor _____ Doctor's Phone _____
Health Insurance Co. _____ Phone _____ ID Number _____
Dentist _____ Dentist's Phone _____
Dental Insurance Co. _____ Phone _____ ID Number _____

In case of emergency due to serious illness or injury in which I cannot be reached, I give my permission for Gateway staff members to transport my child to the nearest medical facility and/or authorize emergency medical or dental attention for my child.

Parent/Guardian Signature _____ Date _____

Photo Use Permission: I give permission to Gateway School to publish photographs and video clips in which my child appears in official school publications, on Gateway School's website (www.gatewaysc.org) and in advertisements for Gateway School. I understand that no child's name will be published along with his or her picture.

Parent/Guardian initials: _____

Field Trips Permission: I give permission for my child to take part in Gateway School program field trips during Summer Program 2010.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature