



# Southampton Academy

## Information & Emergency Form for K-12

### 1. Student Data (Full Name: First, Middle, Last)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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### 2. Family Data

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\* School communications will be sent to your southamptonacademy.org e-mail address\*\*  
If parents are separated or divorced, please indicate to whom all correspondence to be sent.

Parent Name: \_\_\_\_\_ Who has legal custody of children: \_\_\_\_\_

### 3. Emergency Contacts

In case of illness/accident, or if children have not been picked up by closing time and parents cannot be reached, please name two other adults who will be available during the day and will serve in place of parents.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Please give names of person/persons authorized to pick up your child(ren) from school:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### 4. Medical Data

Child(ren)'s Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren)'s Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 5. Grandparents Data

Please complete the following information below for your child(ren)'s grandparents so they may receive information about Grandparent's Day and other mailings.

Maternal Grandparent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Paternal Grandparent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 6. Parental Authorizations

##### **Directory Authorization**

I give permission for my contact information including name, address, and phone number to be listed in the Teacher/Parent/Student Directory.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number to be listed in the directory: \_\_\_\_\_

##### **Medical Authorization**

The staff has my permission to administer to my child(ren) non-prescription medications as well as minor first aid. In the event I cannot be contacted immediately, I agree that in case of accident/injury, emergency medical care may be given. Should it be necessary, my child(ren) may be transported at my expense to the emergency room of Southampton Memorial Hospital.

Any additional medical instructions: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

##### **Notification of Sickness Authorization**

The school will notify the parent(s) when the child becomes ill and parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

Parent(s) will inform the school within 24 hours (or next business day) if the child or an immediate family member develops a reportable communicable disease.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

##### **Field Trip Authorization**

I give my permission for my child(ren) to participate in the neighborhood walks/field trips in an authorized vehicle. I understand I will be informed of all planned trips and that I may withdraw my permission for a planned trip if I so desire. I grant permission for my child(ren) to participate in activities and in the use of equipment at the school.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_