

# LOUISVILLE COLLEGIATE SCHOOL

## Emergency Care Information Summer Programs 2023

In case of an emergency, school staff will contact 911.  
Every attempt will be made to contact a parent, guardian or designated emergency contact.

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Rising Grade Level \_\_\_\_\_  
*last first middle*

Home Phone \_\_\_\_\_ Cell (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_

### FAMILY INFORMATION

#### PARENT

#### PARENT

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Student lives with:

Both parents     Mother     Father     Female/Male guardian     Stepmother     Stepfather

#### Emergency Contact other than parent (REQUIRED)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### TRAVEL PERMISSION AND PHOTO RELEASE

The Student Travel Permission and Photo Release Form shall constitute my permission as the parent/guardian of \_\_\_\_\_, a participant in Summer Programs at Louisville Collegiate School, to participate in camps during the 2023 summer. I understand my child may be transported by bus, school van, parent or faculty. I hereby release and hold harmless Louisville Collegiate School, its personnel and directors, from any and all liability for any injuries, loss or other claims arising out of my child's participation in these school-sponsored events.

I understand that Louisville Collegiate School may take photographic or film records of my child/children in relation to Summer Programs and hereby agree that Louisville Collegiate School may use any such photographic or film records for promotional and/or commercial purposes, as well as on the school's website, without any remuneration to me or my child/children. I understand that my child will not be identified by name. \_\_\_\_\_ (initial) or

I would prefer that Louisville Collegiate School NOT use any images or other likenesses of my child/children. \_\_\_\_\_ (initial).

### MEDICAL AND INSURANCE

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

This document or a copy thereof, gives consent to any Louisville Collegiate School employee in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have authorization to provide treatment that a physician deems necessary for the well-being of my child.

List all medications and dosages your child receives on a continual basis: \_\_\_\_\_

List any health condition that may require attention: \_\_\_\_\_

List any allergies including the reaction: \_\_\_\_\_

List any prescribed treatments to be used during camp and provided by the family: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_