



LATINO EDUCATION ADVANCEMENT PROGRAM
AT THE STEWARD SCHOOL

Emergency Health Form

Student's name: PRINT

First name: _____ Last name: _____

Grade in September 2017: _____

Name of Home School: _____

Student e-mail address: _____

Country, City of Birth: _____

Parent/Guardian **Mother** _____

Parent/Guardian **Father** _____

Street Address _____

City, State & Zip _____

Home Phone _____ **Student Cell Phone** _____

Mom's Cell _____ **Dad's Cell** _____

Student lives with: Both Parents Mother Father Other

**** Emergency Contact Information:** (If I cannot reach mother or father)

Name: _____ **Relationship** _____

Home Phone _____ Cell _____

Work Phone _____

Name: _____ **Relationship** _____

Home Phone _____ Cell _____

Work Phone _____

Health Information: Please indicate any of your child's current health conditions and list all allergies (food, drug, environmental).

- Asthma ADD/ADHD Diabetes or Hypoglycemia Seizures
 Diabetes Glasses Contact Lenses Inhaler
 Epi pen Allergies (alergias)

Please describe reactions/treatments: _____

Has student had any broken bones? Yes No

Which? _____

When? _____

Concussions? Yes No How many? _____

Media Release* Yes No

Field Trips* Yes No

Permission to publish* Yes No

***By checking yes,** I give permission for my child to attend all field trips sponsored by The Steward School, which may take place during the summer. I also give permission for my child to be transported in a privately owned car, Steward bus or chartered bus. I understand that I will be advised, in advance, of any such trips.

***By checking yes,** I give consent for photographs, audio, video or electronic images of my child to be used for marketing purposes, internal and external publications and communications materials (such as Crossroads, Summer Experience, etc.) advertisements, public display, electronic media (such as The Steward School Website, Enouncements etc.), television, CD-ROM, or DVD.

Parent/Guardian Signature

Date

LEAP SHIRT SIZE: Youth S M L XL
(Adult sizes run large) Adult S M L XL

The following is for rising 8th graders only:

Your child will receive a copy of the new book Milagros by Meg Medina to read for the English class. It is your child's responsibility to take good care of the book. If they destroy or lose the book, you will have to pay \$ 18.00 dollars.

***I agree to take care of the book or reimburse the LEAP Program \$18.00:**

Parent's signature _____

Student's signature _____