



THE
CALVERTON
SCHOOL

RESIDENTIAL PROGRAM
Student Information Form (S.I.F.)

Accurate student information helps to ensure safety in the event of an emergency. The information contained in this form is not shared with anyone outside of The Calverton School and medical personnel.

STUDENT INFORMATION

Last Name	First Name	Middle Name	Preferred Name	Grade	D.O.B.

HOUSEHOLD ADDRESS AND TELEPHONE

Household Name	
Address Line 1	
Address Line 2	
City, State, Zip	
Home Phone	

E-MAIL COMMUNICATIONS

Please verify or enter your preferred family email address.

Preferred Family Email	
------------------------	--

PARENT 1 TELEPHONE AND E-MAIL INFORMATION

Parent 1 Name	
Prefer to be called	
E-mail Address	
Phone Type (i.e.: business, fax, mobile, home fax)	Phone Number
1.	
2.	
3.	
Employer Name	
Employer City and State	
Position	

PARENT 2 TELEPHONE AND E-MAIL INFORMATION

Parent 2 Name	
Prefer to be called	
E-mail Address	
Phone Type (i.e.: business, fax, mobile, home fax)	Phone Number
1.	
2.	
3.	
Employer	
Employer City and State	
Position	

EMERGENCY CONTACT TELEPHONE AND INFORMATION

**Do you grant permission to this emergency contact to pick your child up from the school in the event of illness or emergency or general transportation necessity?*

CONTACT 1: Name		
Information	Relationship to Student:	*Pick-up Okay?
Phone Type	Phone Number	
1.	1.	
2.	2.	
CONTACT 2: Name		
Information	Relationship to Student:	*Pick-up Okay?
Phone Type	Phone Number	
1.	1.	
2.	2.	

CUSTODIAL RESPONSIBILITY

For the period the Student is enrolled at Calverton, the Parents give the School temporary authority as custodian of the student, including the right, power, and authorization to make major and minor decisions concerning the Student including, but not limited to, the Student's health, education, and welfare. Residential and School staff will communicate clearly and regularly with natural parent(s) regarding student's academic and residential life.

Parent signature _____ Date _____

Parent signature _____ Date _____

AUTHORIZATION to Administer Immunizations

By signing below, I authorize the School or School-designated physician to update my child's immunizations if his/her shot record is incomplete. All Calverton students must meet Maryland state requirements for immunizations.

Parent signature _____ Date _____

AUTHORIZATION for Emergency Treatment

My child may be treated as needed by hospital staff and other medical professionals for injuries or illness. In case of a serious injury, the School is given permission to have my child transported by ambulance. School personnel will make all efforts to contact parents to seek medical treatment for my child, but I give permission to School staff to seek treatment in case I cannot be reached. I release, waive, and discharge the School from any and all liability in providing care and treatment to my child, and further, I grant my permission regarding use of the above information to medical professionals.

Parent signature _____ Date _____

CONSENT for FIELD TRIPS, PHYSICAL EDUCATION AND ATHLETICS

I hereby release, waive, and discharge The Calverton School, its officers, head of school, and employees from all liability for any loss or damage, and any claim or damages resulting from or on account of injury to my child(ren) while participating in the physical education and/or athletic programs, or while on a field trip sponsored by The Calverton School.

I hereby give my consent for the above student(s) to participate in the physical education program and/or athletics program at Calverton.

If my child(ren) is a member of a Calverton sports team, I give my consent for the child(ren) to travel with the team to away games.

I give my permission for my child's medical information to be shared with teachers and staff of The Calverton School as needed to ensure the safety of my child during field trips, physical education classes and activities, and athletic events.

In EMERGENCY situations requiring immediate medical attention, my child will be taken to the nearest hospital Emergency Room. My signature below authorizes the responsible person at The Calverton School to have my child transported to that hospital for emergency treatment.

DATE

SIGNATURE OF PARENT/GUARDIAN