

# Annual Admission Data

## Eaton Academy

Form 9

Page 1 of 2

### CONFIDENTIAL INFORMATION

Academic Year: \_\_\_\_\_

#### CHILD

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Complete Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

This form must be completed, signed, and placed on file at our center prior to the first day of your child's attendance. **It must be updated whenever a change occurs, and must be resubmitted annually. This form will accompany your child to the hospital in case of an emergency, so accuracy and completeness is of utmost importance.**

### PART 1: EMERGENCY LOCATOR

**PARENT OR GUARDIAN** May pick-up child? yes no (circle one)

Legal Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT OR GUARDIAN** May pick-up child? yes no (circle one)

Legal Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

#### EMERGENCY HELP

A. If not already provided above, give names, numbers, or instructions as to how parents or guardian may be reached during the time your child is in school (be specific): \_\_\_\_\_

B. Persons the School may contact in an emergency if those persons listed above cannot be reached (they all may pick-up my child):

	NAME	RELATIONSHIP	BUS. PHONE	HOME PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

### PART 2: DISEASES AND ILLNESSES

GEORGIA STATE LAW REQUIRES your child to have a certificate of immunization on file at this school prior to his/her first day of attendance. This certificate can be obtained from your child's doctor.

A. Is medication required on a scheduled basis? \_\_\_\_\_ If so, what types? (List) \_\_\_\_\_

B. Name and address of local prescribing physician(s) \_\_\_\_\_

C. Does your child suffer from any of the following? \_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Hyperactivity  
\_\_\_ Attention Deficit Disorder \_\_\_ Other Allergies or Illnesses (List) \_\_\_\_\_

D. Is there any need to restrict your child's physical activity? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

E. Please tell us in detail anything you feel we need to know which will help us protect the health and general well-being of your child. Attach a separate sheet of paper if additional space is needed. \_\_\_\_\_

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Form 9

Page 2 of 2

### PART 3: SPECIAL PERMISSIONS

#### DIRECTIVE

We, the undersigned parents or guardian, authorize the following regarding our above-named child:

#### PICK-UP

Our child can be released from the School to the following person(s) other than ourselves:

	NAME	ADDRESS	PHONE	RELATIONSHIP
A.	_____			
B.	_____			

#### FIELD TRIPS

Our child **can** participate in, and be transported to and from school on "away from school" field trips, or other activities, if included in the School's program. We understand that Eaton Academy will make every effort to notify us of upcoming field trips and to provide us with dates, times, and places, as appropriate.

#### ACCIDENT OR ILLNESS

Should our child become ill or have an accident and it is the opinion of Eaton Academy authorities that he/she requires a physician's attention and Eaton Academy is unable to locate us, then the physicians named below, in order of preference as listed, may be authorized by Eaton Academy authorities to attend our child.

1. \* Dr. \_\_\_\_\_
2. Dr. \_\_\_\_\_
3. Dentist \_\_\_\_\_

\* NOTE: This should be the doctor who maintains your child's medical records.

#### EMERGENCY

In the event the administration of an anesthetic or the performance of emergency surgery is necessary (as, for example, in the setting of a broken bone), and neither of the undersigned is available to give permission, then we the undersigned parents or guardians, authorize and empower a representative of Eaton Academy to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery on our child.

#### AUTHORIZING SIGNATURES

**We have read "Part 3" above and give our permission as stated. We also attest that all information provided in "Part 1" and "Part 2" of this form is correct to the best of our knowledge. Finally, we acknowledge that we are still in agreement with the Technology Code of Ethics and the permission to photograph and film our child.**

Signature of Person Completing This Admission Form: \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

Signature of Other Parent or Guardian: \_\_\_\_\_