



FRENCH AMERICAN INTERNATIONAL SCHOOL

8500 NW JOHNSON STREET | PORTLAND, OR 97229-6780 USA

Guest Authorization form

Student Info

Last Name: _____

First Name: _____

Gender: _____

Birth date: _____

Current Grade: _____

Parent/Guardian 1

Last Name: _____

First Name: _____

Gender: _____

Relationship to student: _____

Address: _____

Phone > Phone Type (i.e. cell): _____

-or-

Home Phone, Cell Phone, Business Phone: _____

Email Address: _____

Parent/Guardian 2

Last Name: _____

First Name: _____

Gender: _____

Relationship to student: _____

Address: _____

Phone > Phone Type (i.e. cell): _____

-or-

Home Phone, Cell Phone, Business Phone: _____

Email Address: _____

Alternate Pick-up:

I authorize the following person to pick up my child

Last Name: _____

First Name: _____

Phone Number: _____

Relationship to student: _____

Emergency Contact

If FAIS cannot reach either parent in the event of a medical emergency involving your child, we will attempt to contact the person you list here. **I understand and agree that this emergency contact will be authorized to make medical decisions involving my child.**

Last Name: _____

First Name: _____

Phone Number: _____

Relationship to student: _____

Medical Information, Policies, and Consent

My child is allergic to/has the following medical conditions:

Describe symptoms and treatment:

Does your child carry an Epi-Pen or Inhaler? Yes No

If your child currently requires prescription or over the counter medication during the day please bring medication (including Epi-pens and inhalers) in its original container to the Front Office, where you will be asked to fill out a medication administration form.

Permission to Administer Medication

FAIS keeps a selection of over the counter medications on hand including acetaminophen, antihistamine, ibuprofen, cough drops, antibiotic ointment, and antiseptic spray. While we endeavor to be conservative with and always try to contact parents before administering medication, sometimes it is difficult to reach someone. By checking this box you consent to your child being given medication at FAIS staff's discretion.

Emergency Treatment Policy

In the event of acute illness or injury requiring emergency treatment, first aid will be administered and provision made to transport the child to the nearest medical facility (from campus, Providence St. Vincent's Medical Center) OR to the facility deemed most appropriate by the emergency medical response unit on the scene. Every effort will be made to FAIS to reach the parent or designated emergency contact. Any time a child is transported via ambulance the family/insurance is responsible for all financial charges.

Special Permissions

It is the School's practice to share our FAIS community with the world. Your child's first name, photo, video, or audio may be used in FAIS communications and promotional materials including but not limited to the internet, social media, school publications, and other media outlets. Please notify the FAIS administration in writing if you do not agree with this practice.

Signature Authorization

I hereby state that the information above is correct, and I consent to the FAIS policies stated above.

Signature

Date