

NORTH ROSE-WOLCOTT
PARENT NOTIFICATION/CONSENT FORM/COUGAR ACADEMY

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN PHONE NUMBER: _____

In case of emergency, I, the parent/guardian can be reached at:

Day Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

NAME OF RELATIVE WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY IF A
PARENT/GUARDIAN CANNOT BE REACHED: _____

Relation: _____

Contact Number: (____) _____

____ **(initial here)** I agree that in the event of an emergency or illness, the staff members(s) in charge of the event/activities may act on my behalf and at my expense in obtaining medical treatment for my child.

____ **(initial here)** I understand that my child is expected to behave responsibly during events/activities.

____ **(initial here)** I understand that my child cannot participate in Cougar Academy without my expressed written permission to do so (which I give by signing this notification and consent form).

Parent/Guardian Signature _____ **Date** _____

****By signing this form, I am giving (student's name) _____
my permission to participate in the North Rose Wolcott Cougar Academy****

NORTH ROSE-WOLCOTT

PERMISSION TO TREAT

I/We give permission for emergency medical treatment for my child if necessary, while under the supervision of the North Rose Wolcott staff at Cougar Academy. Furthermore, I/We give permission for the North Rose Wolcott staff to give the medications listed below to my student for the duration of the Cougar Academy, if necessary.

Student's Name: _____ Student's cell number: _____

Parent(s) / Signature(s):

Print: _____ Signature: _____

Date: _____ Cell# _____

Print: _____ Signature: _____

Date: _____ Cell# _____

Home Address: _____

Insurance Plan: _____ Group Number: _____

Policy & Member #s: _____

Family Doctor: _____

Phone Number _____

List ALL medical concerns:

Current medications/dosages needed for the trip (please be specific- Authorization for Administering Medication form MUST be completed):

Known allergies (especially to medicines and foods):

We will be providing a picnic lunch for Cougar Academy Students and Staff on Day 2 (this will consist of traditional picnic foods); if your child is unable to eat this lunch, the school will provide an alternative based on allergy needs listed (above).