

THE BALDWIN SCHOOL WELLNESS CENTER
PARENT CONTACT INFORMATION 2010-2011

Name of Student _____ Grade _____ Graduating Year _____
Student cell phone # _____ (Middle and Upper School only)

Name of Parent/Guardian #1 _____
Phone #'s Home _____ email _____
Work _____
Cell _____

Name of Parent/Guardian #2 _____
Phone #'s Home _____ email _____
Work _____
Cell _____

Emergency contact in the event you cannot be reached

Name #1 _____ Relationship to student _____
Phone #'s Home _____
Work _____
Cell _____

Name #2 _____ Relationship to student _____
Phone #'s Home _____
Work _____
Cell _____

MEDICAL INFORMATION

Important medical information including allergies, asthma, seizures etc:

Current medications (inhaler, Epi-pen, etc.) _____

May the school nurse give over the counter medications? Yes ___ No ___

PERMISSION

I give my daughter permission to participate in all physical education classes, practices, games, and contests. I understand that this contact form and a **current** physical examination form must be on file in the Wellness Center before September 1st, 2010. The contact form will be used by the Athletic Department, Division offices and Faculty chaperones.

Furthermore, we/I give permission for my daughter to travel on school field trips. I understand that parents will be notified in advance of such trips through the school's e-Bulletin, on-line calendar or email.

Parent/Guardian signature _____ Date _____