

Please return to school office by August 1, 2010. Thank you

CHARLES RIVER SCHOOL
6 Old Meadow Road, P.O. Box 339, Dover, MA 02030-0339

Student Information for 2010-2011

Child _____

Grade _____ Date of Birth _____

Parent/Guardian _____

Parent/Guardian _____

Telephone # _____ (h)

Telephone # _____ (h)

Employer _____

Employer _____

Location _____

Location _____

Job Title _____

Job Title _____

Telephone # _____ (w)

Telephone # _____ (w)

Cell Phone # _____

Cell Phone # _____

The people listed below should agree to act in this capacity and have both the transportation and time to come to the school to get your child if that should be necessary. Two contacts are required.

In case of a **MEDICAL EMERGENCY**, if you cannot be reached and your child needs medical attention or needs to go home in the event of an accident/illness, please notify:

1. _____

Tel. # _____ (h)

Relationship _____

Tel. # _____ (w)

2. _____

Tel. # _____ (h)

Relationship _____

Tel. # _____ (w)

In case of a **NON-MEDICAL EMERGENCY**, if you cannot be reached and your child needs to go home (i.e., an unforeseen closing of school), please notify:

1. _____

Tel. # _____ (h)

Relationship _____

Tel. # _____ (w)

2. _____

Tel. # _____ (h)

Relationship _____

Tel. # _____ (w)

Allergies or pertinent medical information:

Physician's Name and Phone: _____

Dentist's Name and Phone: _____

Medical Insurance Carrier: _____ Number: _____

Parent or Guardian Authorization: In the event I cannot be reached in an **emergency**, I authorize the school to secure medical care and I hereby give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injections, anesthesia, x-rays or surgery for my child named above. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____