

**The Branch School
AUTHORIZATION FORM**

Date _____

Student's Name: _____

Student's Birthdate: _____ Grade: _____

Address: _____

Home Phone: _____

_____ Zip: _____

Mother's Name: _____

Father's Name: _____

Address: (if different) _____

Address: if different _____

_____ Zip: _____

_____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Mom Email: _____

Dad Email: _____

AUTHORIZATION FOR STUDENT'S RELEASE

When a child is brought to the school, he/she will be left in the presence of a staff member. Your child will not be released to others without your specific permission. Please list persons approved to pick up your child, or specify "none".

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information staff should be aware of:

Authorization for Participation

I give my permission for my child to participate in any school activities on the school premises, and to be transported to and from school-sponsored field trips. I hold The Branch School, Inc., its Board of Trustees, teachers, staff, and school harmless for any and all injuries arising out of participation in any such school activities and/or field trips.

Media Release

I give permission for photographs or videos of my child to be used on the school website, yearbook, and other promotional materials for the school. I also give permission for photographs or videos of myself, my spouse, and my other children to be used on the website, yearbook, and other promotional materials.

Parent Handbook

I understand that I am responsible for reading and complying with The Branch School's Parent Handbook. This handbook is available for reference at all times online.

AUTHORIZATION FOR EMERGENCY CARE/RELEASE

I understand that in the event of an emergency involving my child, the school will first attempt to reach me at one of the above numbers. In the event that a parent cannot be reached, please contact the following people (please put any additional contacts or special instructions on back of sheet):

First Emergency Contact Relationship

Home Phone Cell

Second Emergency Contact Relationship

Home Phone Cell

Preferred Hospital

Insurance # Company

If no one can be reached at these numbers, I hereby authorize The Branch School to contact:

Practitioner or Physician

Phone

Parent or Guardian's Signature