



FIELD TRIP/TRANSPORTATION CONSENT:	Teacher:	Student's Grade:	Student's Age:
Student's Name:			
Last	First	Middle	
I hereby give permission for my child to go on school sponsored field trips. I understand that I will be notified of each event and that the students will be well supervised at all times. I do not hold the school and the staff liable, except as covered by insurance.			<input type="checkbox"/> Yes <input type="checkbox"/> No
My child may ride in transportation provided by NACS in connection with school activities.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			Date: / /
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM DD YY

EMERGENCY CONTACT AND PICK-UP RELEASE:

Please list **LOCAL ADULT(s)** (18+ years of age) to be contacted in case of an emergency, list in order of preference. Please indicate if person is authorized to pick-up student(s) from school or NACS Aftercare Program.

Print Full Name	Primary Contact# <small>Check: Cell, Work or Home</small>	Alternate Contact #	Relationship	Allowed to Pick Up?
1	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H	<input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY STUDENT HEALTH AND MEDICAL INFORMATION: Student's Name: _____

Physician:	Address:	Physician's Phone:
Dentist:	Address:	Dentist's Phone:
Hospital Preference:		
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please check one): <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, briefly describe condition or allergy symptoms and treatment:		
Does your child have any activity restrictions or physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Eyes: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> N/A		

PRIVACY STATEMENT:

NACS and any healthcare provider are required by law to maintain privacy of your child's protected health information. This Notice of Privacy Practice tells you how your child's protected health information may be used and how we keep the information private and confidential. This notice explains legal duties and practices relating to protected health information. As part of legal duties this Notice of Privacy Practices must be given to you upon your request. You may obtain copy of your privacy rights from NACS. NACS is required to follow terms of Notice of Privacy Practices currently in effect. Information contained on this card may be shared with appropriate school staff and other health care professionals according to Health Insurance Portability and Accountability Act (HIPPA) on need-to-know basis for health and safety of your child.

Parent/Guardian Initial Acceptance here: _____

PARENT/GUARDIAN CONSENT:

By my signature below I accept responsibility to notify NACS of any changes of my home or business addresses and phone numbers so that current information can be maintained for my child in case of an emergency. I understand that EMS (911) will be called when there is an emergency requiring transport of my child for medical treatment and I will also assume responsibility of EMS services. In case of an accident or illness where immediate emergency treatment is not needed, but where my child is unable to remain in school, I request that NACS contact parent(s)/guardian(s) named above. If unable to reach parent/guardian, I request that one of emergency contact person(s) listed above be contacted to pick up and/or care for my child until I can be reached. I also authorized NACS, its designated employees, volunteers, representative, and personnel to provide health services, state mandated health screening and when necessary emergency care for my child and to exchange medical information as necessary to support the continuity of care for my child.

Parent/Guardian Initial Acceptance here: _____

1. I certify that all above emergency, health, and medical information is true is true and accurate to best of my knowledge.
2. I also acknowledge that if I have identified that my child has health or medical condition that may require some kind of assistance or management while they are in school, it is my responsibility to contact NACS principal; make them aware of health or medical condition(s); and discuss possible plan of care at school.
3. I authorized all items initialed.

			Date: / /
Parent/Guardian Signature	Parent /Guardian Printed Name	Relationship	MM DD YY