

Indicate Campus attending **McLean** or **Clifton/Centreville**

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

First Name	Last Name	Date of Birth			
1 Mother's First Name	Last Name, if different	2 Father's First Name	Last Name, if different		
Address		Address			
City	St.	ZIP Code	City	St.	ZIP Code
Home Phone		Home Phone			
Work Phone		Work Phone			
Company Name		Company Name			
Work Address		Work Address			

The parent/guardian authorizes School to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she can not be located immediately. It is understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

- I/we will be responsible for payment of medical expenses.
- Medical costs are covered by:
 - Blue Cross-Blue Shield # _____
 - Medicaid # _____
 - Other insurance _____ Number _____
 - No insurance _____Do you wish insurance information? ___yes ___no.
- Child's physician or clinic _____

I authorize the SCHOOL to take my child on field trips to local parks, libraries and community centers. I know that other trips will be announced during the year as part of the regular program. I give permission for my child to go on such excursions and am aware that he/she will be driven by one of the teachers or parents in their own vehicle. I understand that my child will wear a seat belt. If there is a field trip I do not wish to have my child take, I will keep him/her home from school that day. ___yes ___no. (please initial)

Kindergarten Enrichment Program and School Age Program, where applicable:

I authorize School to transport my child between School and _____ school and understand that this is part of the program in which we are enrolled. ___yes ___no.

A separate Registration -Agreement Form between the school and the Parents or guardian has been completed: ___yes ___no.

Date _____ Signature _____

Please have your signature NOTARIZED