

**Information Confirmation**

The information in this section is correct

The following information is currently recorded in our database for your household. Please verify that the information is correct by checking the box above. If the record is incorrect or incomplete, please add corrections as needed. To ensure accuracy in our system, please write legibly, preferably in block letters. Thank you!

**Address**

**Home Phone**

**Adult Household Members**

**Name:**

Work:  
Cell:  
Email:  
Employer:

**Name:**

Work:  
Cell:  
Email:  
Employer:

**Optional: Household Ethnicities**

- African American                       Asian/Pacific Islander
- Hispanic                                       White/Non-hispanic
- Native American                       Other: \_\_\_\_\_

This information assists us in reporting to our national, international and certification organizations.

**Other Community Members**

We would like to ensure that grandparents, other family members and friends are included in our community! Please list names and contact information of people below.

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones/Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones/Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Phones/Email \_\_\_\_\_

**Field Trip Permission**

I give permission for Riverstone International School to transport my child(ren) on school-sponsored field trips. I understand that student(s) will be driven by Riverstone staff members or their authorized adults in school buses or vehicles.

Permission  
Granted  
(initial)

Permission  
NOT Granted  
(initial)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Emergency Medical Information**

The information in this section is correct

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Student**

**Date of Birth**

**Grade**

Policy#: \_\_\_\_\_

Health Insurance Provider if different than above:

Policy#: \_\_\_\_\_

Health Insurance Provider if different than above:

Policy#: \_\_\_\_\_

Health Insurance Provider if different than above:

Policy#: \_\_\_\_\_

Health Insurance Provider if different than above:

**Date of Physical Exam**

If you are not turning in your Student Health Form(s) **with** this form, indicate the date you've scheduled your physical exam for each student in Preschool, Kindergarten and grades 1, 3, 5, 7, 9, & 11, as well as for ALL new students, regardless of grade.

**Student**

**Date of Physical**

_____
_____
_____
_____

**Emergency Contact Information**

The information in this section is correct

(Please list nanny/babysitter if applicable)

1. \_\_\_\_\_  
**Name** **Home Phone** **Work Phone** **Cell Phone**

2. \_\_\_\_\_  
**Name** **Home Phone** **Work Phone** **Cell Phone**

3. \_\_\_\_\_  
**Name** **Home Phone** **Work Phone** **Cell Phone**

**Consent to Medical Treatment**

For the following student(s), in case of illness or accident, Riverstone International School is authorized to consent to reasonably necessary x-ray examination, anesthetic, or medical or surgical diagnosis of my child; to transportation of my child to any hospital; and to treatment and hospital care. I understand that reasonable efforts will be made to contact the undersigned prior to treatment if circumstances permit, but that treatment will not be withheld if the undersigned cannot be reached. I hereby indemnify and agree to hold harmless Riverstone International School and any representative thereof from any liability because of the exercise of such consent. Initial your approval or disapproval below.

Student	Approved (initial)	NOT Approved (initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Administration of Medication**

I, as the parent or guardian, hereby request and authorize Riverstone International School staff to assist my child in taking over-the-counter medication for relief of fever or pain during school hours. I will provide the appropriate medication in the original container along with written and signed instructions for administering over-the-counter medications to my child during the school day.

Ibuprofen, Acetaminophen (Tylenol), Benadryl, Epinephrine (for severe anaphylactic/allergic reactions), and antacids are carried in the Outdoor Program first aid kits and may be administered in the field by Riverstone Trip Leaders in accordance with their wilderness first aid training and protocols. Please indicate any of these over-the-counter medications that **you do NOT authorize** Riverstone and its employees to administer.

I, as the parent or guardian, hereby request and authorize Riverstone International School staff to assist my child in taking a prescription medication as indicated on the Student Health Form or on trip permission slips. I will provide the appropriate medication in the original container along with written and signed instructions for administering prescription medication.

**Student**

Student	Over-the-counter medication administration IS authorized	Over-the-counter medications NOT authorized	Prescription Medication administration IS authorized	Medication Administration NOT authorized (over-the-counter & prescription)
_____	<input type="checkbox"/>	Ibuprofen Acetaminophen Benadryl & Epinephrine antacids	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

Signature of **Parent/Guardian 1** (required)    Date                      Signature of **Parent/Guardian 2** (required)    Date