



Confidential Health Information

Student's Name _____ First Middle Last	Date of Enrollment _____	Grade _____
Address _____	Date of Birth _____	Sex _____
City, State, Zip Code _____	Home Phone _____	

Mother or Guardian: Name _____ First Middle Last	Father or Guardian: Name _____ First Middle Last
Address _____ Phone _____	Address _____ Phone _____
Bus. Address _____	Bus. Address _____
Bus. Phone/Cell _____	Bus. Phone/Cell _____

If the parents/guardians can not be reached in case of an emergency please call: Name _____ Relationship _____ Phone Number _____

I authorize *The Rubicon Academy* to allow my child to leave **ONLY** with the following persons:

Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached for emergency medical attention, I authorize <i>The Rubicon Academy</i> Director or person in charge to contact:		
Doctor _____	Address _____	Phone Number _____
Hospital _____	Address _____	Phone Number _____
I give my consent for necessary medical treatment by Emergency Medical Services and when my child is in the care at these health providers or their designees. I understand that I will be responsible for the costs of such services.		
Signature – Parent/Legal Guardian _____		Date _____

Authorization for ~~Academy~~ Activities/Publications

I grant permission for my child to attend all school sponsored trips and activities throughout the school year unless I request non-participation for any event in writing prior to the event. I grant permission for the school to publish pictures, videos, and schoolwork produced by my student unless I request otherwise in writing.

Father's/Guardian's Signature Date Mother's/Guardian's Signature Date