

# Stellar Academy for Dyslexics

## Student Emergency Information

<b>Student's Full LEGAL Name:</b>	<b>Birth Date:</b>
Street Address:	
City, State Zip:	

### Parents/Guardians

Relationship	Cell #	
Name	Work #	
Occupation	Home #	
	Email:	

Relationship	Cell #	
Name	Work #	
Occupation	Home #	
	Email:	

List any special health and medical problems we should know about in case of emergency	
Allergies to food, drugs, etc. _____	
Medical Insurer _____	Policy # _____
Physician _____	Phone # _____
Dentist _____	Phone # _____
Hospital of Choice _____	Phone # _____

In case of emergency my/our child may be released to the following persons (include photocopy of Driver's License for each)	
Name	Day Phone
Daycare Center or Sitter?	

\*\*\*In the event you or any of the above persons cannot be reached, please specify your instructions for release of your child

I/We hereby grant and delegate to the personnel of Stellar Academy the authority and power in emergency situations to take any and all actions deemed necessary with regard to my/our child in securing medical attention or other necessities for life, and I/We agree to be responsible for the cost thereof. In addition, I/We release Stellar Academy from all liability on account of claims which I/we, or my/our child, may have arising out of my child's activity as a student at Stellar Academy. I/we agree to indemnify Stellar Academy for, and hold it harmless against any and all claims which may be made by me/us, my/our child on behalf of my/our child, or against me/us or my/our child by reason of any occurrence during the course of my/our child's activity as a student at Stellar Academy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- Yes    No    (\* Failing to mark box means these will be published.)
- Permission to publish cell phone in Student Directory
- Permission to publish email addresses in Student Directory

# Stellar Academy for Dyslexics

Telephone 510 797-2227 Fax 510 797-2207

---

---

## Permission to Administer Non-Prescription Medications

By school policy and following the state's education code, Stellar Academy faculty and staff will not administer any medication to any child without prior written permission from the parent or guardian.

---

I authorize school personnel to give my child:

Tylenol \_\_\_\_\_ Cough Drops \_\_\_\_\_ Roloids/Tums \_\_\_\_\_ Other \_\_\_\_\_

Parent's Signature \_\_\_\_\_

---

---

## Release to Administer Prescription Medication at School

**California Education Code states:** Any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school personnel if the school receives:

1. A written statement from such physician detailing the method, amount and time schedule by which such medication is to be taken; and
2. A written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in the matters set forth in the physician's statement.

My child is currently using the prescription medication indicated below.

Student's Name: \_\_\_\_\_

Type of Medication: \_\_\_\_\_

Dosage to be given at school: \_\_\_\_\_

\*I understand that all medication will be clearly marked with the student's name and will be kept in the school's office. Student medications will be administered only by Stellar Academy School office personnel.

\*A written statement from the physician (see #1 above) is attached.

---

My child is presently taking the following medications which **IS NOT** administered during school hours.

Type of medication: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_