

The Shining Stars School

Student Personal Information

School Year: 2018-2019

This information is needed annually to provide safe, up-to-date care for your child.

Class: (Circle) M/W/F T/Th/F M/T/W/Th

Student's Name: (Last) _____ (First) _____ (Middle) _____

What name/nickname does the student want to be called at SS: _____

Physical Address: _____ City / Zip _____

Student Lives With: (Circle) Both Parents One Parent Other _____

1. Father's Name _____ Address _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

2. Mother's Name _____ Address (If different from above) _____

Phone _____ Cell _____

Place of Employment/Occupation _____

Work Phone _____ Email _____

Please list any step-parents or legal guardians for your child:

3. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

4. Name _____ Relation to child _____ Address _____

Phone _____ Cell _____

Student Medical Information

Child's Health Insurance: _____ Policy Holder: _____

Insurance Telephone: _____ Policy #: _____ Group #: _____

Which Local Emergency Facility do you wish an ambulance to take your child if necessary _____

Pediatrician: _____ Phone: _____ Date of Last Physical: _____

Dentist: _____ Phone: _____ Date of Last Dental Exam: _____

Other Physicians / Specialists: _____ Date of Last Eye Exam: _____

Student Health Information (please check all that apply):

_____ Hearing Impairment

_____ Wears Glasses / Contacts

_____ Unequal Pupils

_____ ADD / ADHD

_____ Diabetes

_____ Seizure Disorder

_____ Migraine Headaches

_____ Asthma List Triggers: _____

_____ Other: _____

ALLERGIES:

_____ Medications: _____

_____ Food: _____

_____ Latex: _____

_____ Other: _____

Please list any medication your child takes routinely:

Drug: _____ Reason: _____

Drug: _____ Reason: _____

Drug: _____ Reason: _____

THE SHINING STARS SCHOOL
2018-2019 School Year
Liability Waiver & Consent, Publication Release

Student Name: _____ DOB: _____

Emergency Contacts (if the parent(s) cannot be reached in the event of illness/injury/emergency):

1. _____ Relation to child _____ Address _____

Phone _____ Cell _____

2. _____ Relation to child _____ Address _____

Phone _____ Cell _____

**** Emergency Contact should be an individual in close proximity to the school that would be able to assist with the child in the event that the parent(s) are not able to be contacted (Salt Lake - ok)***

As parent or legal guardian of the above-named student, I give my consent and approval for his/her participation in all The Shining Stars School (SSS) activities and field trips and transportation to and from the field trips. I understand that parents of SSS will be providing transportation for such field trips and that it is my responsibility to make sure that my child has a car seat or booster seat and that it is secured properly in the vehicle he or she will be riding in. I further agree to release and hold harmless SSS and its administrative board, officers, agents, employees, and parent volunteers from liability for any accident, injury, illness, or death sustained by the above-named student in connection with or while participating in these activities.

If I cannot be reached in the event of any illness or injury, I hereby consent for school personnel to initiate whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care that may be needed as deemed necessary by a licensed dentist, physician and/or surgeon for the student's safety and welfare. It is understood that the resulting expenses will be the sole responsibility of the parent/guardian and not of SSS.

Parent/Guardian Signature _____ Date _____

The agreement below indicates approval for the student's name, picture, art, voice, verbal statements or portraits (video or still) to appear in school publicity, videos or on the school's website.

AGREEMENT: Student and Parent/Guardian release to The Shining Stars School (SSS) the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and consent to their use by SSS. SSS agrees that the student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, school promotion, publicity, and instruction. Student and Parent/Guardian understand and agree that for the use of the student's name, picture, art, written work, voice, verbal statements, portraits (video or still):

- ~ No monetary consideration shall be paid;
- ~ Consent and release have been given without coercion or duress;
- ~ This agreement is binding upon heirs and/or future legal representatives;
- ~ The photo video or student statement may be used in subsequent years.

If the Student and Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

School-sponsored events open to the public are public events not requiring a release for publication. For example, pictures and articles about school activities may appear in local newspapers. The pictures and/or videos may be used by SSS in subsequent years. SSS has no control of media use of pictures/statements that are taken without permission.

Parent/Guardian Signature _____ Date: _____

The Shining Stars School
Field Trip Driver Verification

Name of Driver _____ Cell _____

Child's Name: _____

Address _____ City _____ State ____ Zip _____

Driver's License # _____ Exp. _____

Make & Model of Vehicle _____ # of Seat Belts _____

Insurance Company _____ Policy Number _____ Exp. _____

The Shining Stars Field Trip drivers are required to carry minimum liability insurance of a combined single limit of \$300,000 bodily injury and property damage (referred to as 100/300) plus uninsured motorist coverage.

Liability \$ _____ Property Damage \$ _____ Medical \$ _____ Uninsured Motorist \$ _____

I understand that as the registered owner of the vehicle, the primary responsibility for all legal and insurance issues arising from the use of my vehicle on the behalf of the school rests entirely with me. I understand that the school's liability insurance covers only registered Shining Stars students on a school-sponsored activity and is secondary to my personal auto and liability insurance.

Parent/Driver Signature: _____ Date: _____

Print Name: _____

*SEAT BELTS MUST BE USED BY EVERYONE IN THE VEHICLE-NO EXCEPTIONS.

I, _____ (Parent Name) give my permission for _____ (Son/Daughter) to be transported by private vehicles to and/or from off-campus field trips with parent drivers when necessary. I hereby release, discharge and indemnify The Shining Stars School and its employees, directors, volunteers, insurers, agents, and representatives from all claims, causes of action, liability or damages arising out of, or relating to the transportation of my child.

Parent Signature: _____ Date: _____