

**Rocky Hill High School**

2008/2009

**Complete all fields. Update and correct pre-printed information as necessary. Please sign and return form to school.**

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

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_ Student Lives With:  
 \_\_\_\_\_

**In case of ACCIDENT OR SUDDEN ILLNESS, it is necessary to furnish the following information for emergency calls:**

<u>Contacts</u>	<u>Address if different</u>	<u>Employer</u>	<u>Work Phone</u>	<u>Cell Phone</u>

**List 2 Neighbors or Nearby Relatives Who Will Assume Temporary Care of Your Child if You Cannot be Reached:**

<u>Contacts</u>	<u>Address</u>	<u>Phone</u>

**Health Information:** List any condition such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

Explanation:  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check that you agree to the following:**

- I, the undersigned, do hereby authorize officials of the Rocky Hill Public Schools to contact directly the persons named on this card, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of such child.
- In the event physician, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid.
- I will not hold the school district financially responsible for the emergency care and/or transportation for said child.
- I verify that my child permanently resides in the Town of Rocky Hill at the address stated on this card.
- I have read the Acceptable Use Policy and my child will abide by the regulations (see attached).
- I agree to have my child videotaped while participating in school related activities (see attached).
- I give permission for my child's schoolwork, first name (only) to be published on the school web page (see attached).
- I give permission for my child's photograph to appear on the school web page (see attached).

Signature of Parent or Guardian: \_\_\_\_\_ Date Signed \_\_\_\_\_