



**Medical Information**

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

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

Insurance Carrier/Company: \_\_\_\_\_

**Parent Permission Form**

Please indicate whether or not you give your permission for each item by circling *yes* or *no* and signing below.

Yes No	I grant permission for the school nurse/authorized medical staff to share <b>necessary medical information</b> with the child(ren)'s educational team.
Yes No	I give my permission for the <b>alternate contacts listed above to take responsibility for and/or transport my child(ren)</b> if the school cannot contact the parents/guardians.
Yes No	I give my permission for the following information to be published in the <b>School Directory</b> as long as my child(ren) attends Estabrook: Address, Home Phone Number, Home email address, Work email address, Parent Names. (Please cross out any information you do NOT want in the directory.)
Yes No	I give my permission for my <b>work and/or home email address</b> to be added to school and/or classroom <b>listserv and/or email list</b> for the purpose of sending school related information. This information will NOT be given or sold to anyone else.
Yes No	I give my permission for the school to <b>give our family name, address, and phone number to other members of the school community</b> to be used for school functions, school business and to allow contact between parents ONLY. I give this permission for the duration of the time that my child attends Estabrook. (Please cross out any reasons for which you do NOT want this information released.)
Yes No	I give my permission for my child(ren) to be <b>photographed/videotaped and/or quoted</b> for school purposes to inform the community about school activities via: <b>School Display, PTA Newsletter, School/Community Newspaper, or for parents.</b> NOTE: The law provides that students may be photographed during any event open to the public.
Yes No	I give my permission for my child(ren) to be <b>photographed/videotaped and/or quoted</b> for school purposes to inform the community about school activities via: <b>School Website</b> (Photos or student work only. Names will NOT be used.).
Yes No	I give permission for my child(ren) _____ (grades 3-5 only) to <b>ride his/her bike</b> to and from school unaccompanied. I understand that it is my responsibility to help my child find a safe route, to teach my child bicycle safety rules, ensure that my child is wearing a helmet, and is responsible for locking his/her bike on school premises. (Note: skates, roller blades, and skateboards are not permitted on school property.)
____ Paper ____ Online	In order to save on paper, parents have suggested that we put more on our website. Our <b>school handbook</b> is almost 60 pages long. Please indicate if you prefer a paper copy of if you'd rather refer to it online. Only those asking for a paper copy will receive it in that form.
Yes No	I have read and reviewed with my child(ren) <b>Estabrook's Student Conduct and Discipline</b> Policy. Child(ren)'s initials indicating they understand the school rules. _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_