

Saint Clement Episcopal School
Emergency Contact Form
School Year: _____

Child's Name _____ Name used at school _____

Please circle which parent to contact first:

Name _____ Name _____

Home Address _____ Home Address _____

Cell Phone _____ Cell Phone _____

Occupation/Position _____ Occupation/Position _____

Employer _____ Employer _____

Work Phone/Ext _____ Work Phone/Ext _____

If divorced or separated, child lives with _____

EMERGENCY CONTACT IF PARENTS ARE NOT AVAILABLE:

1. _____
NAME PHONE RELATION TO CHILD

2. _____
NAME PHONE RELATION TO CHILD

Out of town contact, in the unlikely event of a regional emergency:

3. _____
NAME PHONE RELATION TO CHILD

Siblings attending Saint Clement _____

Languages spoken at home _____

Other regular caregivers _____

**Saint Clement Episcopal School
Emergency Medical Form**

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Child's Allergies _____

Outstanding Medical Conditions _____

Medicines Child Takes Routinely _____

Adults authorized by law to consent to medical care (Please enter names of all applicable adults):

Parent: _____

Parent: _____

Other (Specify legal relationship): _____

First Aid

In the event of an emergency, I authorize the staff of Saint Clement Episcopal School to provide any first aid deemed necessary for my child. (INITIAL) _____

Emergency Care

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. (INITIAL) _____

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital. (INITIAL) _____

In the event of an emergency, Saint Clement Episcopal School has my permission to call my child's physician (or any other physician when my child's physician cannot be contacted). In an emergency, when I cannot be contacted, the school has my permission to call 911 to transport my child to the emergency room of the nearest hospital. The hospital staff has my authorization to provide treatment for my child which a physician deems necessary for the well-being of my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE

**SAINT CLEMENT EPISCOPAL SCHOOL
PARENTAL PERMISSION FORM**

(This is a generic field trip form that will enable us to walk around the block and visit our neighborhood and/or a local park, ice-cream shop, etc).

Activity: Walking Field Trips within the neighborhood of St. Clement

Departure Time: During the school day **Return Time:** Before lunch/before pick-up

Transportation: On foot

Adults attending: Classroom teacher(s) **School Cell Phone Number:** 703-801-8867

I am the parent/guardian of _____

Mother/guardian _____
PHONE

Father/guardian _____
PHONE

Emergency Contact _____
PHONE

I give my child permission to participate: ___ yes ___ no.

SIGNATURE DATE

PERMISSION TO PHOTOGRAPH

I give Saint Clement Episcopal School permission to photograph/video my
child _____ during school activities.

I understand that these photos/videos will not be used for commercial purposes.

SIGNATURE DATE

Saint Clement Episcopal School

1701 N. Quaker Lane~Alexandria, Va. 22302

703.998.8795

Dory Herman-Sample, Director

www.saintclement.org

PEANUT FREE SCHOOL

Dear Saint Clement Families,

As we begin the process of preparing for another school year I am writing to underscore our policy of absolutely no peanuts at our school. We are a Peanut Free School and it is a policy that needs to be taken quite seriously because of its extremely dangerous consequences.

Peanut allergies can be **life threatening**. It takes only the slightest smell, touch, or ingestion of peanuts, peanut butter, peanut oil, a product that “may contain trace amounts of peanuts”, to cause a potential anaphylactic (life threatening) reaction. Exposure to peanuts can happen easily – touching the hands of a friend who has just eaten a peanut butter and jelly sandwich or cookies baked on the same pan as a peanut butter cookie. Again, it only takes the slightest smell, touch, or ingestion to cause an allergic reaction.

We are asking all of you to please keep this policy in mind when packing your child’s lunch, birthday treats, or any other food for school. Take a few seconds and read the labels of any prepackaged product, or give us a quick call with any questions.

Thank you so much for your cooperation. Please sign the bottom of this letter to acknowledge that you understand our Peanut Free Policy and return to the School with your registration packet.

I am looking forward to an exciting year of growing and learning together.

Dory Herman-Sample
Director

Child’s Name: _____

Parent Signature: _____

Date: _____

Permission to Apply Sunscreen

I am the parent of _____, and I give the teachers and staff of Saint Clement Episcopal Day School permission to apply sunscreen that I have provided, to my child during any of the summer programs at Saint Clement. The bottle of sunscreen I have provided for my child is labeled with his/her name, and is hypoallergenic, and a minimum of SPF 15. I understand that each child in my family must have his/her own labeled bottle of sunscreen.

Parent Signature

Date

Saint Clement Episcopal Day School Pick-Up Authorization

I authorize the following person(s) to pick up my child _____ from school at any time during the school year:

Name	Relationship to child	Phone
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Name	Relationship to child	Phone
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Name	Relationship to child	Phone
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Person(s) not authorized to visit or pick up child*

**Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up a child.*

The following person(s) will be picking up my child from school on a regular basis throughout the school year (i.e., nanny, carpool, etc.)

Monday _____ Phone _____

Tuesday _____ Phone _____

Wednesday _____ Phone _____

Thursday _____ Phone _____

Friday _____ Phone _____

IF THERE IS ANY CHANGE IN THE ABOVE SCHEDULE, A WRITTEN AND DATED NOTE MUST BE SENT TO SCHOOL.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Office Use Only-Identity Verification

Place of birth:	Date of Birth:	Birth Cert No:	Date Issued:
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Other Form of Proof:

child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife report), passport, or a copy of the placement agreement or other proof of the child's identity from a child placing agency.

Saint Clement Episcopal School
Student Information Sheet
(For teachers' reference)

Child's Name _____ Name to be used at school _____
Birthdate ____/____/____ Sex _____ Home Phone () _____
Parent _____ Occupation _____ Work # () _____
Parent _____ Occupation _____ Work # () _____
Cell Phone #: Parent () _____ Parent () _____
Email (Parent) _____ Email (Parent) _____
Others living at home (names and ages):
 Siblings _____
 Others _____

Person(s) responsible for child's care: Parents _____ Other _____
Name of caregiver _____ Phone () _____
Does caregiver speak English with your child? Yes _____ No _____
If no, language spoken is: _____

Social Behavior:

Toilet Habits: _____
Child's terms for: urination _____
 bowel movements _____

Sleeping Habits: Nap during day? _____ How long? _____ When? _____
Awakens in morning at: _____ Goes to sleep at: _____
Special items needed at nap time? _____

Health:

Allergies or any specific conditions and/or limitations _____

Play Habits:

Prefers to: play alone? _____ with adults? _____ with other children? _____
Describe group experience(s) with other children _____

Favorite outdoor activities _____
Favorite indoor activities _____

Television: How much T.V. does your child watch? _____
Favorite programs _____

Describe your child's attitude toward:

Learning new skills _____

Being introduced to new people, objects, places _____

Eating Habits: Appetite: Good _____ Fair _____ Poor _____

Utensils used _____

Procedures before meals _____

Specific Likes _____

Specific Dislikes _____

Fears: Animals? _____ Dark? _____ Storms? _____ Others? _____

Additional Information _____

Nervous Habits (thumbsucking, etc.) _____

Ethnic-Religious Customs:

Describe any special customs or holidays to share at school _____

Speech:

What language(s) does your child speak? _____

Describe any areas of speech/language in which your child may have problems: _____

Expectations: What do you hope our program will offer your child? _____

Please add any additional comments which may help us to better know your child _____

