

Grade Level _____

**Gilmour Academy Lower School
Authorized Pick-Up**

Child's Name

Home Phone

Mom's Cell

Dad's Cell

Mom's Work

Dad's Work

For your child's protection, please fill out the names of authorized persons, other than yourself, who may bring or take your child from the school. Please inform the authorized persons to be prepared to identify themselves to our staff.

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

If you have a car pool, please name the driver and explain the details of your arrangement:

Is there anyone who may come to pick up your child that you DO NOT wish to have your child released? Please list.

Signature _____ Date _____

Relationship to Child _____



GILMOUR ACADEMY



2010-2011

PARENTAL PERMISSION AND RELEASE/INDEMNITY FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED ACTIVITIES

I, _____, state that I am the parent or legal guardian of _____ Grade _____, (my "Child"), a student at Gilmour Academy, an Ohio Not-for-Profit Corporation located at 34001 Cedar Road, Gates Mills, Ohio 44040 (the "School"), and that in consideration of the Agreement by the School to permit my Child to participate in any and all School-sponsored activities, so state that:

This document is provided in place of and to accommodate me and to replace individual authorization for each School-sponsored activity. School-sponsored activities include but are not limited to all athletic events, extra-curricular activities, field trips and intra-campus activities.

1. I am aware of the nature of School-sponsored activities and understand there are risks/dangers attendant to my Child's participation;
2. I hereby agree to permit my Child to participate in any and all such School-sponsored activities unless I advise the School in writing beforehand that I revoke my permission for a particular activity or activities;
3. I warrant that there is accident and health insurance coverage for my Child that will cover my Child while participating in all such School-sponsored activities;
4. **In the event of a medical emergency, and after reasonable attempts have been unsuccessful to reach me, I hereby give permission for the representative of the School in charge of the School-sponsored activity to arrange for/and/or authorize emergency medical treatment for my Child.**
5. I agree to release, indemnify, protect, defend and hold harmless The School, its teachers, administrators, trustees, supervisors, agents, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone my Child while participating in the School-sponsored activities, from any claim or liability of whatsoever kind or nature, including but not limited to personal injury, including loss of life, or loss of any kind and/or property damage, court costs, attorneys' fees and interest, as a result of my Child's participation in the School sponsored activities. I do not agree, however, to such release in the case of gross negligence or willful or intentional inappropriate actions or inactions by employees of the School which harm my Child;
6. I agree that The School, its teachers, administrators, trustees, supervisors, agents, employees and all private persons or organizations volunteering services without charge, may terminate my Child's participation in any School-sponsored activities if my Child fails to behave or act in accordance with the School's rules and/or regulations on conduct as set forth in the Gilmour Academy Student/Parent Handbook 2010-2011, fails to follow the instructions and/or directions of teachers, administrators, trustees, supervisors, agents, employees and all private persons or organizations volunteering services, or evidence conduct deemed to be detrimental to or incompatible with the interest, comfort or welfare of those participating in the School-sponsored activities including students, School representatives and supervisors as determined by the representative of the School in charge of the School-sponsored activity. Accordingly, I hereby authorize the Director of the Upper School, Middle School, Lower School and other respective administrators including the Dean of Student Life and Discipline to administer and enforce disciplinary action in the event of any violation of or noncompliance with such rules and/or regulations by my Child.

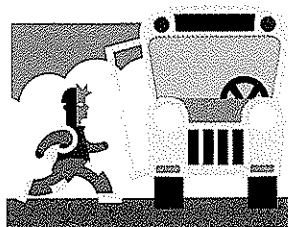
Date

Signature of Parent or Legal Guardian

Transportation

Gilmour Academy Lower School
2010-2011 School Year

Please complete the information section of this form and return it to the school office if your child(ren) will be transported by your local school district or Gilmour transportation. This form is for office informational purposes only. Parents are responsible for setting up transportation with local districts or with Gilmour's Director of Transportation. FYI: Many school districts have informed us they are unable to transport children not living in that district. Please check with your district before allowing your child to invite a friend to ride home with him/her on the bus.

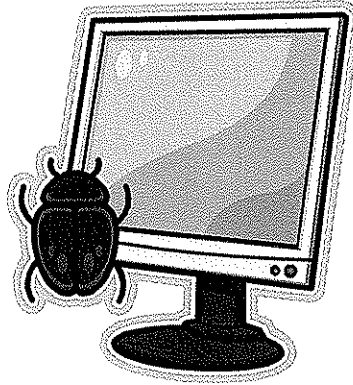


Student Name _____

Grade Level _____

Bus/Van School District and # _____

Riding (circle)	A.M.	P.M.	BOTH	DAILY
Monday	Tuesday	Wednesday	Thursday	Friday



LS NEWS

LS News is sent via email on an as needed basis. It has evolved into the main form of communication between the lower school office and lower school families, thus eliminating paper copies of messages being sent home in backpacks.

I am in the process of setting up the distribution list for the 2010-11 school year. If you are new to Gilmour Academy Lower School, have changed your email address over the summer, or would like to add your work address to our list please email me, boyerl@gilmour.org, with your information as soon as possible.



Gilmour Academy

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached.

Last Name (student) First Name Middle Name Date of Birth Grade Level

Address City Zip Home Phone

Please indicate in the order you wish to be called:

1. _____
Parent/Guardian Name relationship Business Phone Cell Living with Family?

2. _____
Parent/Guardian Name relationship Business Phone Cell Living with Family?

If I cannot be contacted and it is advisable to send my child home due to minor illness, or for emergency treatment due to injury, he/she can be released to...(I have notified this person of this listing):

Name Relationship Address Daytime Phone Cell

1. _____

2. _____

3. _____

Date _____ Signature of Parent/Guardian _____

Part 1 or Part 2 must be completed.

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured under school authority, when parents cannot be reached.

Part 1: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of my child to any hospital reasonably accessible.

Current medication being taken: _____

Disabilities: _____ Allergies: _____

Recent illness/injury/surgery: _____ Most recent tetanus shot: _____

Physical activity/restriction: _____ Immunization update: _____

Insurance information: _____

Other medical information: _____

Signature of parent or guardian: _____ Date: _____

Part 2: Refusal of Consent [Do Not complete part 2/ if you have completed part 1]

I do not give consent for emergency medical treatment of my child in the event of injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent or Guardian: _____ Date: _____