



KNILE PREP ACADEMY PROSPECTIVE STUDENT SHADOW DAYS AUTHORIZATION AND RELEASE FORM 2020-2021

Should an emergency arise in which time is an important factor, and the KnILE Prep Academy school authorities are unable to contact me promptly, I authorize the school administrator, a school official, and/or the treating medical facility or hospital to exercise their best judgment in the interest of my child's welfare. I hereby give consent for the KnILE Prep Academy authorities or other health care providers considered appropriate to carry out accepted procedures for diagnosis, medical, and minor surgical treatment for my child, _____.

I authorize KnILE Prep Academy to obtain my child's medical records and x-rays to provide necessary medical care. I further authorize sharing this information with off-campus providers seeing my child.

I also give permission for this form to be released to those health services personnel or other appropriate health care providers who may need this information to treat my child in a medical emergency.

I give permission to KnILE Prep Academy to share information with others relevant to the health and safety of my child.

ALTERNATE EMERGENCY CONTACTS (other than parent/legal guardian):

1. Name _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

2. Name _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

PRIMARY CARE PHYSICIAN:

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____ Phone: _____

I understand that the KnILE Prep Academy does NOT dispense any medications on site without prior written permission. I agree that if my child needs over the counter or prescribed medication, I MUST fill out the Parental Permit to Administer Medication at School Form provided by KnILE Prep Academy.



In the event that I am not able to pick-up my child from KnILE Prep Academy, I authorize the release of my child to the following person(s):

1. Name _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

2. Name _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

3. Name _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____