

PHILLIPS School ~ Laurel
8920 Whiskey Bottom Road
Laurel, MD 20723
301-470-1620 Fax: 301-470-1624

2021-2022 SCHOOL YEAR
EMERGENCY INFORMATION

Student Name:

First: _____ Middle: _____ Last: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student's legal guardian: _____

Student lives with: _____

Parent name: _____

Parent cell: _____ Parent work: _____

Parent home: _____

Parent e-mail address: _____

Parent name: _____

Parent cell: _____ Parent work: _____

Parent home: _____

Parent e-mail address: _____

Preferred method of contact for the PHILLIPS alert notifications: (May check more than one.)

_____ cell phone _____ home phone _____ e-mail

Student e-mail address: _____ Student cell: _____

In case of an emergency, list three persons we can contact in the event we are unable to reach a parent:

	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If there is any other information that would be helpful in an emergency, please provide below:

Please list any allergies your child has below:

Medication:

Food/other:

Date of last physical: _____

Date of last eye exam: _____ Pass/Fail

Date of last hearing screening: _____ Pass/Fail

Any issues/concerns with hearing and/or vision:

Please list below any professionals who work with your child, such as physicians, social workers, probation officers, etc. (If any of this information changes during the year, please notify us.) If you would like PHILLIPS' staff to speak with any of these professionals throughout the school year, please request a Consent and Permission to Release Information form from the Front Office staff or your child's counselor.

Name

Agency

Phone number

1. _____

2. _____

3. _____

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PERMISSION FOR EMERGENCY MEDICAL TREATMENT

I hereby give staff of PHILLIPS ~ Laurel permission to administer first-aid treatment to my child in the case of an emergency and further give my permission for staff to transport my child, or order transportation by ambulance, to an emergency medical center or the emergency room of a hospital, if necessary. I give this permission for the duration of my child's enrollment at PHILLIPS.

I hereby authorize medical personnel at an emergency medical center or hospital emergency room to administer emergency medical treatment as may be required.

Signature of Parent/Legal Guardian

Date

Child's Name: _____

My child is insured by: _____

Student insurance member number is: _____

Group number or other relevant insurance information: _____

Current Medications: _____

Other relevant information in an emergency:

If any of this information changes during the child's enrollment, please notify PHILLIPS at once.

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PERMISSION TO TRANSPORT

I hereby give my permission for PHILLIPS' staff to transport my child _____ to off-campus activities during the school day in a PHILLIPS School vehicle or staff member's personal car. The purpose of these trips may be educational, e.g., field trips, sports programs, reinforcer trips, and community experience trips, or may be part of PHILLIPS' pre-vocational training program. Pre-vocational activities may include, but not be limited to interviews, assessments and training activities.

PHILLIPS has a partnership with a local cab company. In certain situations we may use this service to transport high school age students. This would only be done after parent/guardian notification.

I will not hold the school or its staff liable or responsible in any way for harm or injury that may be experienced by my child during such trips.

This permission is granted for the duration of my child's enrollment at PHILLIPS. Parents will receive notification of upcoming trips, but individual permission slips may not be required.

Parent/Legal Guardian Signature

Date

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PERMISSION FOR TESTING AND RELEASE OF RECORDS

I hereby give PHILLIPS staff permission to administer educational assessments and other assessments to my child, either individually or in small group settings, as may be necessary to monitor progress and/or determine areas of need for planning for his/her individualized education plan (IEP). I understand that such testing will be limited to the following areas: academic achievement aptitude, developmental readiness, speech/language, adaptive, vocational, and social/behavioral.

I understand that PHILLIPS must release information about my child to the agency that funds my child's placement. In addition, I hereby grant PHILLIPS permission to release any records or information relevant to my child to other professional agencies upon my verbal request when time is of the essence; however, I will immediately send written authorization to follow up my verbal request. I further give PHILLIPS permission to directly request records from other agencies that have diagnostic and/or progress information from their involvement with my child that may be useful in education and treatment planning for my child.

This permission is granted for the duration of my child's enrollment at PHILLIPS.

Student's name: _____

Signature of Parent/Legal Guardian

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PERMISSION FOR PROFESSIONAL PUBLICATION OF DATA

From time to time, PHILLIPS has media exposure, such as newspaper articles and television spots done about the school. Whenever this happens, the author of the article or text may interview students, and students and student activities may be photographed.

Likewise, PHILLIPS produces written publications (i.e., brochures, newsletters, an annual report, student yearbooks) in which student photographs are used, and occasionally produces slide shows or videos to describe the program to outside agencies that may be a source of financial support, referral sources, or professional organizations.

PHILLIPS does not allow students to be identified by name in any articles or programs that will be seen by the public without express consent of parents. PHILLIPS' staff will make every effort to notify parents before their child's photograph or words may appear in any publication, slide or video presentation that will be seen by the general public.

Please initial the following, as appropriate:

____ I hereby **give** PHILLIPS permission to use my child's photograph and/or words in PHILLIPS produced written publications, slide or video productions describing the work of the school to the public. I understand that my child's last name will not be used without my permission.

____ I hereby **give** PHILLIPS permission for my child's photograph and words to be included in newspaper articles and/or television spots about PHILLIPS that may be produced by outside media sources. I understand that my child's last name will not be used, and his/her first name will not be used unless I have given my express permission prior to publication/airing of the piece. However, this constitutes permission to use my child's first name if I cannot be reached.

____ I **do not give** permission for my child's photograph to appear in anything that will be seen by people outside of the PHILLIPS' students and staff. I understand that my child's photo could appear in videos shown during school events and in the yearbook.

This permission is granted for the duration of my child's enrollment at PHILLIPS.

Signature of Parent/Legal Guardian

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PERMISSION TO IMPLEMENT PROGRAM

I hereby acknowledge that I have read the Family Handbook. I am aware of the general school policies described in the handbook. I further understand that PHILLIPS uses an array of positive behavioral supports and interventions. The behavior management strategies employed by PHILLIPS as part of the program may include any and/or all of the following:

- Level system/privileges
- Behavior score/account money
- Individualized behavior program
- Cool down
- Support Area
- Alternative Instruction Room (AIR)
- Lunch detention
- Seclusion
- Physical intervention (escort and/or restraint)
- Suspension and parent re-entry meeting

I hereby agree that I will abide by the general school policies as described in the Family Handbook and further give PHILLIPS' staff permission to implement the behavior management interventions described in the Family Handbook with my child.

The permission is granted for the duration of my child's enrollment at PHILLIPS.

Student's name: _____

Signature of Parent/Legal Guardian

Date