

Emergency Calling Information

Student's Last Name		Student's First Name		Date of Birth	Grade/School at Briarwood
Street Address			City	Zip Code	Social Security #
Student's Cell Phone	Student's Email				Male _____ Female _____
Mother's Name	Street Address	City	Zip Code	Home Phone	
Mother's Occupation	Name of Firm	Business Phone	Business Email		
Mother's Cell Phone	Mother's Email				Mother to receive mailings. Yes _____ No _____
Father's Name	Street Address	City	Zip Code	Home Phone	
Father's Occupation	Name of Firm	Business Phone	Business Email		
Father's Cell Phone	Father's Email				Father to receive mailings. Yes _____ No _____
Emergency Contact/Pick-Up	Relation to Student	Phone #'s		Doctor's Name	
Emergency Contact/Pick-Up	Relation to Student	Phone #'s		Doctor's Phone	
Emergency Contact/Pick-Up	Relation to Student	Phone #'s		Doctor's Fax	
We reside in _____ County. Our home school district is _____.					

If unable to contact any of the emergency numbers, The Briarwood School has my permission to call a doctor of their choice or take my child to a hospital and approve emergency treatment if necessary. This permission is valid through my child's enrollment at The Briarwood School unless rescinded in writing.

Restrictions: Are there any restrictions that should be placed upon your child's participation in the School's athletic program?
 _____ Yes _____ No If yes, please explain: _____

Medical Attention: My child has had in-depth medical attention for the following condition: (do not include routine illnesses)

Medication Release & Records: I agree to keep The Briarwood School informed in writing as to any medication that my child is taking on a regular basis, whether it is administered at home or at school. The Briarwood School has my permission to administer medication during the school day as prescribed by my child's physician. *Tylenol or any other non-prescription medication must be delivered by the parent/guardian to the Clinic in a container clearly marked with the student's name and accompanied by written directions from the parent/guardian giving permission and dosage.*

Please list allergies: _____

We give permission to the Briarwood School to transport our child on field trips approved by the school and do hold harmless the school and all individuals participating in said trips. Methods of discipline shall be left to the discretion of the staff of Briarwood, as stated in the Enrollment Contract.

We, the undersigned, have read and completed this Emergency Calling Information, do understand, and do hereby agree to all the policies and regulations herein stated in all sections of the Emergency Calling Information and Enrollment Contract.

Mother/Guardian's Signature _____ Date _____

Father/Guardian's Signature _____ Date _____