

# Authorizations



## The Woods Private School

### STUDENT INFORMATION

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Siblings \_\_\_\_\_

\_\_\_\_\_  
(Name) (Age) (School)

Schools Attended \_\_\_\_\_

### EMERGENCY INFORMATION

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list persons that we may contact in case of an emergency when parents/guardians can not be reached. MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS FOR EMERGENCY AND NON-EMERGENCY SITUATIONS.

*(If the name of a person retrieving a child is not listed below, the child will not be released.)*

	Name	Relationship	Home Phone	Work Phone	Cell
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

### CODE WORD

State regulations require that each school in Texas have and follow a specific plan to verify the identity of any person authorized to pick up a child at that school. As part of that identification process, we will require that each authorized person submit a code word before a child will be released. Please indicate below the code word which you wish to use.

CODE WORD: \_\_\_\_\_

## PERMISSION/LIABILITY STATEMENT

My child \_\_\_\_\_ has my permission to participate in all school sponsored activities and excursions. This will include field trips by bus, car, or class walks to nearby points of interest. (Information about each event will be furnished prior to the trip.)

- I understand that all reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency. However, in the event of an accident, I will not hold the school or the drivers legally responsible. In case of sickness or accident, on or off the school grounds, I authorize the calling of a doctor and/or the providing of other necessary medical services at my expense. This includes treatment in a hospital emergency room, if such treatment is deemed necessary for the health and well-being of my child.
- I understand I will be given a Woods Private School Handbook and all rules and policies will apply.
- As parents (or guardians), we do hereby agree to relieve The Woods Private School and/or the owners of any liability for injury or accident occurring on the school premises or on field trips. I furthermore grant authorization for medical treatment in case of an emergency.
- In signing this application, the parent (or guardian) agrees to the conditions listed throughout including the activity permission statement and tuition refund policy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_