



1401 Arcola Avenue, Silver Spring, MD 20902

www.lbja.org | office@lbja.org

Tel. 301-592-8433 | Fax. 301-649-12174

Name of student: _____

Date: _____

Dismissal Information:

Please list all other persons who are authorized to pick up your child/children:

1. First and Last name: _____ Relationship: _____
Phone number: _____ Cell phone: _____
2. First and Last name: _____ Relationship: _____
Phone number: _____ Cell phone: _____
3. First and Last name: _____ Relationship: _____
Phone number: _____ Cell phone: _____

- **Please note: If there is a change in dismissal information, (i.e. someone other than the authorized) is to pick up your child, please notify the office of the change in writing (Please see the parent handbook).**

Emergency Information

Emergency Contact #1

In case of an emergency, please contact: _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell phone : _____

Emergency Contact #2

In case of an emergency, please contact: _____

Relationship: _____ Home phone: _____

Work Phone: _____ Cell phone: _____

Emergency Contact #3

In case of an emergency, please contact: _____

Relationship: _____ Home phone: _____

Work Phone: _____ Cell phone: _____



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Health History Form

Last Name of Student: _____ First Name: _____

Pediatrician: _____ Phone Number : (____) _____

Insurance Company: _____ Group Number: _____

Member Number: _____ Policy Holder's Name: _____

In order for a child to attend school, the State of Maryland requires that all students must be current on all immunizations.

1. Please provide last date and month of student's last:

Tetanus or DTP shot: _____ Date of Booster: _____

2. List any medications and purpose or other health aid that is in present use by the student:

3. List any medical conditions, emotional/psychological, chronic or recurring illnesses:

4. List any allergies:

I understand that the Leo Bernstein Jewish Academy of Fine Arts does not offer a medical plan or any medical insurance. I have checked my family's policy and guarantee that my child is properly covered while at school.

(Initial here) _____

The information on this form is correct and complete to the best of my knowledge. The student herein described has permission to engage in all school activities except where noted on this application. **(Initial here)** _____

I hereby give permission to the Leo Bernstein Jewish Academy of Fine Arts to seek any medical treatment including x-rays or routine tests. I agree to release any records necessary for insurance purposes. I give permission for Leo Bernstein Jewish Academy of the Fine Arts to arrange any necessary related transportation for my child. I understand that the Leo Bernstein Jewish Academy of Fine Arts cannot administer prescription drugs to my child unless there is written parental consent and the medication is sent in a properly labeled container by a pharmacy and accompanied by specific written authorization to the Leo Bernstein Jewish Academy of the Fine Arts from the prescribing physician. **(Initial here)** _____

I authorize The Leo Bernstein Jewish Academy of Fine Arts to administer Children's Tylenol/Regular Tylenol (circle one) to my child. Approximate weight of child _____. **(Initial here)** _____

In the event a child is sick, parents will be informed immediately.

Signature of Parent/Guardian: _____

Printed Name: _____ **Date:** _____



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Field Trip Permission Form

I hereby give permission for my child _____ to travel on school sanctioned field trips during the school year. I agree that the school, its teacher's and any other person accompanying the group shall not be liable for any damage or injury that my child may sustain.

Signature of parent/legal guardian: _____

Printed name: _____

Date: _____

Responsibility for Lost or Damaged Personal Item

The school will not be held accountable for children's personal items that are lost or damaged during school hours or events.

Signature of parent/legal guardian: _____ Date: _____

Publicity

During the school year, photographs are taken by our staff. Photos are used in a variety of publications, including but not limited to: newsletters, press releases, marketing and our websites.

_____ I give the Leo Bernstein Jewish Academy School of Fine Arts consent to use photographs of my child/children on its websites and in future publicity materials.

_____ No, I do not consent for the Leo Bernstein Jewish Academy school of Fine Arts to use photographs of my child/children on its websites and in future publicity materials.

_____ I give the Leo Bernstein Jewish Academy School of Fine Arts consent to identify my child/children by name in printed publicity materials.

_____ No, I do not consent for the Leo Bernstein Jewish Academy School of Fine Arts to identify my child/children by name in printed publicity materials.

Signature of parent/legal guardian: _____

Printed name: _____

Date: _____



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Authorization to Administer Prescribed Medication

1. To Be Completed By the Parent/Guardian

Name of Student: _____ Birth date: _____

Prescription: new ___ renewal ___ if new, the first full day's dosage was given at home on:

List all medication(s) student is taking, including over the counter medication(s):

Parent/Guardian Signature: _____

Phone Number _____ Date _____

2. To Be Completed By the Physician

Name of medication: _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at School: _____

Side Effects:

If PRN, specify:

When indicated (signs/symptoms)

Frequency of administration

Physician's Name: _____

Physician's Signature: _____

3. To Be Completed By the Director

Check as appropriate:

___ Parts 1 and 2 above are completed, including signatures

___ Prescription medication is properly labeled by the pharmacist.

___ Medication label and physician order are consistent.

___ over the counter medication is in an original container with the manufacturer's dosage label and safely seal intact.

___/___/___ Date any medication is to be collected by the parent/guardian (within one week after expiration of the physician's order).

Director's Signature: _____

Date: _____