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Mailing: PO Box 292 Southampton, NY 11969
(631) 488-4140 | Fax: (631) 488-4141
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PROFILE & PERMISSIONS FORM

Name of Child: _____ Sex: _____ Age: _____ Birthdate: _____

Name of Parent/Guardian: _____

Phone #: _____ Email Address: _____

Name of person to notify if parent/guardian cannot be reached:

_____

Address: _____

Phone #: _____ Relationship: _____

Family Physician: _____

Address: _____ Phone #: _____

Insurance Company: _____ Policy/Cert.#: _____

Religious Preference: _____

PERMISSION TO TREAT: In order that your child may be treated in an emergency, the following permission must be signed by parent/guardian. Parents will be informed of an emergency as soon as possible.
I hereby grant permission of the Student Health Service staff to examine and treat, hospitalize or secure proper treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Sunscreen Application: we would prefer that parents apply sunscreen on their own child, however, if need be, we will need your permission to apply it when your child is at school.
I hereby grant permission to have my child's teaching staff apply sunscreen on my child if needed.

Signature of Parent/Guardian: _____ Date: _____

Photo Permission: I Hereby grant permission for my child's photo to be used in school publications.

Signature of Parent/Guardian: _____ Date: _____