

Dedicated to middle school girls



Dear Girls' School Families,

We hope this mailing finds you all relaxed and enjoying your summer.

We are sending important forms that need to be completed, signed and returned to the school no later than Wednesday, August 1, 2018, by returning and new families. Forms are available for download on our website: www.santafegirlsschool.org.

- Returning Families ONLY - Family Information Update form (1 page)
- Consent Form (1 page)
- Liability Waiver & Release Form (1 page)
- Medical History, Medical Consent and Addendum to Medical Consent forms (3 pages)

All parents must complete these forms, even if the student is returning. Thank you.

Enjoy the rest of your leisurely, summer days!

Warm regards from the Santa Fe Girls' School

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RETURNING FAMILY INFORMATION UPDATE 2018- 2019 Academic Year

Student Name: _____ **Date of Birth:** _____

Mother's/Guardian's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Preferred Phone number(s) for emergencies: _____

Email _____

Occupation: _____ **Employer:** _____

Employer's Address: _____ **City:** _____ **Zip:** _____

Father's/Guardian's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Preferred Phone number(s) for emergencies: _____

Email _____

Occupation: _____ **Employer:** _____

Employer's Address: _____ **City:** _____ **Zip:** _____

Student lives with: Both parents/guardians ____ Mother ____ Father ____ Guardian ____

List persons authorized to pick up (name, contact information, relationship to student):

- 1.
- 2.
- 3.
- 4.
- 5.

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Santa Fe
Girls' School

Grades 6 – 8

CONSENT FORM 2018-2019

Student Name: _____

PHOTO CONSENT:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	I give my consent for my daughter to be photographed at the Santa Fe Girls' School during regular school activities. These stills, slides, or videos may be used for parent education, school displays, media reports or photo albums, and other school related purposes. Your child's name and identity will be strictly confidential.
OBSERVATION CONSENT:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	I give my consent for my daughter to be observed at the Santa Fe Girls' School during regular school activities, by prospective parents, students/interns, newspaper reporters, etc. I understand that the observer is on the premises to see the school, understand its function, and observe how the girls interact in our single-gender environment.
QUOTATION CONSENT:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	I give my consent for my daughter to be quoted about school activities. These quotes may be used in press releases, promotional material, and for other school-related purposes. My daughter's name and grade will be used in the context of the quotation, and not in connection to any photographic imagery of her.
RELEASE OF INFORMATION CONSENT:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	I give my permission for the Santa Fe Girls' School to release personal information (such as parent's names, addresses, phone numbers, student's name and birth date) in the form of a telephone/address list that will be distributed only to enrolled families of the school.

Parent's Signature: _____ Date: _____

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**LIABILITY WAIVER AND RELEASE
MINOR CHILD WITH CONSENT OF PARENT OR LEGAL GUARDIAN**

For Field Trips (in and out of town) and Off-Campus Educational Programs (in and out of town), Academic Year 2018/2019

In consideration for being accepted by the Santa Fe Girls School, Inc. for participation in field trips and off campus educational programs and activities whether in town or outside the city limits, I, being 21 years of age or older, do for myself, and for and on behalf of my child-participant do hereby release, forever discharge and agree to hold harmless the Santa Fe Girls School, Inc. (SFGS), its directors, agents, affiliates, volunteers, officers, or employees from any and all liability, claims or demands for personal injury, sickness or death, including property damage and consequential expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating or as a consequence of such participation in the above described field trips and off-campus educational programs.

We (parent/guardian/child) hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the directors, agents, affiliates, volunteers, officers, or employees of the Santa Fe Girls' School, Inc., or by any other person.

I, on behalf of myself and my named minor child, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the SFGS and its directors, agents, affiliates, volunteers, officers, or employees from any and all claims actions or losses that may arise out of my child's actions or participation in SFGS field trips and off-campus educational programs and activities.

Further authorization and permission is hereby given to the SFGS to furnish any necessary transportation, food, and lodging for this participant. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the SFGS.

The undersigned further hereby agrees to hold harmless and indemnify said SFGS and its directors, agents, affiliates, volunteers, officers, or employees, for any liability sustained by the SFGS the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Name of Minor: _____ **Age of named minor:** _____

Parent or Legal Guardian Signature: _____

MEDICAL HISTORY AND MEDICAL CONSENT FORM

For Field Trips and Off-Campus Educational Programs, Academic Year **2018/2019**

Student Name: _____

Father: _____ **Phone number:** _____

Mother: _____ **Phone Number:** _____

Person to contact in emergency, if age 21:

Name: _____ **Phone:** _____

Physician's Name: _____

Physician's Phone: _____ **Emergency #:** _____ **Hospital**

Insurance: Yes No

Insurance Co: _____ **Policy #:** _____

As the parent/s or legal guardian/s of the student named above, I/we hereby grant permission for her to participate fully in Field Trips and Off-Campus Educational Programs both in town and outside the city limits, Academic Year **2018/2019**, and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

I/we authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume all transportation costs.

I/we also understand and agree that I/we am/are solely responsible for all appropriate charges for such services and that the SFGS is under no duty to provide any first aid or medical treatment in any event.

Parent or Legal Guardian Signature: _____ **Date** _____

Parent or Legal Guardian Signature: _____ **Date** _____

THIS SIGNATURE AUTHORIZES THE Santa Fe Girls' School TO MAINTAIN THIS DISCLOSED MEDICAL INFORMATION IN CONFIDENTIAL STUDENT FILES.

The Santa Fe Girls School, Inc. needs the following Medical History for your child should sickness or injury occur. Check and/or give approximate dates where applicable:

Student Name: _____

Has your child had any major surgery? (Circle One) Yes No

If yes, please describe below:

- | | | |
|---|-----------------------|-----------------------------|
| _____ Frequent Colds | _____ Heart trouble | _____ AIDS (HIV virus) |
| _____ Frequent sore throats | _____ Measles | _____ Hay fever/asthma |
| _____ Stomach Upsets | _____ German Measles | _____ Tetanus booster |
| _____ Abscessed ears | _____ Mumps | _____ Insect allergies |
| _____ Bronchitis | _____ Chicken Pox | _____ Polio vaccine booster |
| _____ Fainting | _____ Rheumatic Fever | _____ Broken bones |
| _____ Constipation | _____ Diabetes | _____ Typhoid vacc booster |
| _____ Hepatitis | _____ Epilepsy | _____ Serious ivy poisoning |
| _____ Other (explain on separate sheet) | | |

Is your child allergic to penicillin? (Circle One) Yes No

Other drugs? _____

Other allergies? _____

Details _____

Is your child taking medication/s at this time? (Circle One) Yes No

Type/Dosage _____

For What? _____

Additional information about child's health conditions:

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Student Name: _____

**ADDENDUM TO THE MEDICAL HISTORY AND MEDICAL CONSENT FORM
For dispensing of over-the-counter and prescription medications to students 2018-2019**

In order to participate in best practices, Santa Fe Girls' School is asking each parent to fill out and sign the form below. There are two parts to the form: part A indicates explicitly which over-the-counter medications staff at the Girls' School may administer to your daughter at school or on field trips. Medications will be dispensed ONLY to students for whom there is a complete and signed form on file. Thank you very much for your support.

A. Yes, you may dispense the medications I have checked below to my daughter:

- Ibuprofen
- Acetaminophen
- Cough drops (Ricola and similar)
- Children' Benadryl
- Oscillococcinum (a homeopathic remedy for colds and flu prevention)
- Rescue Remedy (a homeopathic remedy for stress, shock, emotional upset)

B. If your daughter requires any prescription medication to be taken during the school day, we require that you bring the medicine in the original prescription bottle from the pharmacy to the office. The directions need to be clearly legible. Prescription medication may only be dispensed by adult staff. No medication may be left in backpacks, not-lockers, pockets or other places on campus.

I have read and agree to abide by the above policies.

Parent signature

date