

Springwood Presbyterian Church Learning Pods Enrollment Form

Student's Name: _____
Last First Middle (Name Called)

Birth Date (MM/DD/YY) _____ **Grade** _____ **School** _____

Parent/Guardian 1: Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Street Address & Apt. Number _____

City, State, Zip Code _____

Email Address _____

Employer _____

Parent/Guardian 2: Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Street Address & Apt. Number _____

City, State, Zip Code _____

Email Address _____

Employer _____

Does Springwood Presbyterian Church have your permission to post pictures of your child on our website or social media, with no name attached? Yes _____ No _____

Persons Authorized to Pick Up Child:

I authorize Springwood Presbyterian Church Learning Pods to release my child to the following person/people in the event I am unable to pick up my child. I understand and will communicate to these people that all adults picking up children must wear a mask & provide picture ID.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

I certify that all the information above is true and correct to the best of my knowledge. I have read the Springwood Pod policies and signed the medical consent form, and I wish to enroll my child.

Signed _____ Date _____

Print Name _____ Relationship to Child _____

Springwood Presbyterian Church
Learning Pods
Health Information and Emergency Medical Consent Form

Student's Full Name: _____
Last First Middle (Name Called)

Date of Birth (MM/DD/YY) _____

Home Address: _____

Allergies (medication, food, insects, etc.) Yes ___ No ___ If yes, please describe allergy, symptoms, and treatment: _____ If EpiPen, expiration _____

Emergency Phone Numbers:

Parent/Guardian #1: Name: _____ Cell: _____ Home or Work: _____

Parent/Guardian #2: Name: _____ Cell: _____ Home or Work: _____

Physician's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____

If parents/guardians cannot be reached in the event of illness or accident, please call:

(Emergency Contacts should be local and available to pick up your child if needed. Their name in this section gives permission for your child to be released into their care if you are unavailable. They understand photo ID and face covering required.)

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

MEDICAL PROCEDURE:

- **In the event that a student becomes ill**, the church will attempt to contact parents immediately. If the parents cannot be reached, the church will call the other contacts listed above. If none of these are available, the staff will make the child as comfortable as possible and continue efforts in locating parents and other listed contacts.
- **In the event of an injury**, the same procedure as above will be followed. If the injury is severe, the above will be implemented after a call to the child's physician or a call to the 911 emergency number.
- **In the event that CPR is needed**, one of the trained adults will administer CPR while another teacher calls 911 and the parents.
- **In the event that emergency services personnel deem it necessary for the child to be seen by a physician** and parents are unavailable, a church staff member will accompany the child in emergency transport (if allowed), or will meet the child at the hospital. Efforts to reach parents will be continued.

Medical Insurance Carrier: _____ **Policy #:** _____

Medical Emergency Authorization

I grant permission to the Springwood Presbyterian Church Pods authorities present during any emergency or accident involving my child, _____, to obtain the services of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise.

Parent's/Guardian's Printed Full Name: _____

Parent's/Guardian's Signature _____ **Date** _____