

Permission for Student Drivers

I give the following children permission to drive to and from Excelsior:

Student's Driver's License #	State Issued	Expiration Date
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Emergency Contact Information

Emergency Contact#1	Relationship	Phone
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Emergency Contact#1	Relationship	Phone
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Medical Information

Does your student have a physical health condition or food allergy? Yes ___ No ___

If yes, please specify and include prescriptions or limitations to normal activity:

Does your child have an allergy that requires an EpiPen? Yes ___ No ___

If yes, please provide an EpiPen for your student to Excelsior Academy Directors. EpiPen's will be kept in the onsite office.

Primary Physician's Name	Phone	Chart # (if applicable)
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Health Insurance Company	Policy#
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Medical Release & Authorization

I _____, parent/guardian of the students listed on this application form, do hereby authorize and request that Excelsior Academy seek immediate medical attention in an emergency health situation, and understand that the related cost is my responsibility. I understand that Excelsior and its staff are absolved from any liability if any member of my family, including myself, incurs injury while at Excelsior.

Parent / Legal Guardian Signature	Date
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