

Pow-Wow Contact Information Form 2016

While at Pow-Wow many children, develop new friendships with other students. We often receive requests for student's contact information from other Pow-Wow families. Please complete this form so we can appropriately respond to any requests for your contact information.

Student Name _____

- I give permission for my phone number to be shared with other Pow-Wow families.
- I give permission for my email address to be shared with other Pow-Wow families.
- I wish for my contact information to remain private.

Signature of Parent/Guardian _____

Pow-Wow Pick-up Permission Form 2016

Student Name _____

I give permission for my son/daughter (listed above) to be transported from

Pow-Wow by way of the following individuals: *(Please include yourself in the list.)*

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I understand that any changes in the above arrangement must be made to the Powers Music School in writing.

Signature of Parent/Guardian _____

If you are interested in sharing contact information with other families interested in carpooling, please check the appropriate boxes below.

Phone Number

Email Address

Pow-Wow Emergency/Medical Form 2016

Student Name: _____

Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____ email _____

Parent #1 Name _____ Home Phone _____ Work Phone _____

Parent #2 Name _____ Home Phone _____ Work Phone _____

Student's Physician _____ Physician's Phone _____

Physician's Address _____

Insurance Carrier _____ Group Number _____ Policy Number _____

Known Allergies (attach additional page/action plan, if necessary):

Health conditions that may affect the student's activities while at Pow-Wow (please explain):

In the event of an emergency every effort will be made to contact me. If I am not available, please contact either of these people:

| Name | Phone | Relation to student |
|------|-------|---------------------|
| 1. | | |
| 2. | | |

The information given on this Emergency/Medical Form is, to the best of my knowledge, accurate. I understand that, in the event of an emergency, Powers Music School will make every effort to contact me, or one of the emergency contacts listed above. If none of the above people can be contacted, I authorize the Pow-Wow (Powers Music School) staff to arrange to have my child transported to the nearest medical facility in the case of an emergency.

Parent/Guardian Signature: _____ Date: _____

Pow-Wow Immunization Record 2016

Student Name _____ Date of Birth _____

Measles, Mumps, and Rubella

MMR 1. _____ and 2. _____

Or

MMR 1. _____ and Measles _____

Mumps _____

Rubella _____

Or

Laboratory evidence of Immunity (Results Attached)

Polio

OPV 1. _____ 2. _____ 3. _____

OR

IPV 1. _____ 2. _____ 3. _____

OR

A total of four doses if a mixed schedule of OPV and IPV are used.

Diphtheria and Tetanus Toxoids and Pertussis

DTaP/DTP/DT/Td At least four doses are required. Indicate type of vaccine next to date of dose.

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Td booster is required if ten years have passed since last dose of above.

Td _____

Hepatitis B

3 doses are required for all children born after January 1, 1992.

1. _____ 2. _____ 3. _____

Signature of Parent or Guardian _____