

Pages must be completed and returned to your student's homeroom teacher by Friday, August 20, 2021.

HANDBOOK ACKNOWLEDGEMENT AND COMPLIANCE

This is to certify that I have read a copy of The Lakeside School handbook. I fully understand and agree to abide by all policies and regulations (discipline, harassment, alcohol and drug, technology acceptable use and internet safety) mentioned in the handbook.

I give my consent for The Lakeside School officials to perform those acts mentioned in this handbook that are considered necessary or appropriate to conduct the school safely and efficiently and to carry out the mission of The Lakeside School. I am aware that The Lakeside Board of Trustees reserves the right to alter, amend, or change the policies in this handbook as necessary. **Parents of students in Preschool – 12th grade are responsible for explaining this handbook to their children.**

Parent/Guardian Signature:	Date:
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TRANSPORTATION PERMIT

I give my child permission to be transported from athletic and school related functions of The Lakeside School. I will not hold the designated driver or The Lakeside School responsible for any accidents that might occur. Further, I hereby release The Lakeside School, its agents, servants, and employees from all claims and liability of any kind for personal injury or property damage due to participation in such athletic or school related functions.

Parent/Guardian Signature:	Date:
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- I give The Lakeside School permission to use my child's artwork, class assignments, homework, projects, work samples and or picture in a positive manner to promote The Lakeside School on the school's website: www.lakesidechiefs.net and on the school's Facebook fan page during the school year.
- I do not wish for my child's work or picture to appear on The Lakeside School website or Facebook page during the school year.

Parent/Guardian Signature:	Date:
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STUDENT INFORMATION FOR 2021-2022

Last:	Middle:	First:
Grade:		Gender:
Date of Birth:		Social Security Number:
Mailing Address:		
City:	State:	Zip Code:
Cell#:	Email Address:	
Names of siblings at Lakeside:		

Parent/Guardian Information:

Parent/Guardian:	Place of Employment:		
Cell #:	Home #:	Work #:	
Email Address:			

Parent/Guardian:	Place of Employment:		
Cell #:	Home #:	Work #:	
Email Address:			

Student lives with (circle one):	Both Parents	Mother	Father	Guardian
Mailing address if different from student's:				

Emergency Contact Information (other than parent/guardian):

Name:	Relationship to Student:		
Cell #:	Home #:	Work #:	

Name:	Relationship to Student:		
Cell #:	Home #:	Work #:	

Parent/Guardian Signature:	Date:
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**MEDICAL INFORMATION AND CONSENT TO MEDICAL
TREATMENT OF MINOR CHILDREN**

Student Name:	Date of Birth:
Parents/Legal Guardians:	

MEDICAL INFORMATION

Date of last tetanus shot:	
List any known allergies to medications:	
List any chronic medical problems or pertinent medical history:	

INSURANCE INFORMATION

Medical Insurance Company:	
Name of Insured:	
Contract/Policy Number:	Group Number:

MEDICINE CONSENT

My child may be given the following medicine as prescribed by our physician:		
Name of Medicine:	Dosage:	Time to be given:
Physician:	Physician Phone #:	

In the event that your student may need a non-prescription medication, you must provide the medication with instructions. The medication must be given to the school office personnel. The medicine will be dispensed from the main office as prescribed by the directions. I give permission to a Lakeside Administrator or Office Staff to give my child Tylenol and/or Advil as needed.

Parent/Guardian Signature:	Date:
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CONSENT TO MEDICAL TREATMENT BY A PHYSICIAN

I, _____, the parent/guardian of _____, a minor, hereby authorize and consent to any necessary x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care to be rendered to my child under the general or special supervision and on the advice of licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. This consent is for treatment of any illness or injury suffered by my child during any school event, whether on or off campus and whether occurring pre-season, post- season or during the school year, and is valid if a parent or guardian of my child cannot be immediately reached. However, in the event emergency treatment is necessary, I authorize and consent to treatment of my child without any requirement that efforts be made to contact a parent/guardian prior to treatment. I further agree to be responsible for the cost incurred regarding any of the foregoing medical services and agree to hold The Lakeside School, its agents, servants, or employees harmless there from.

Parent/Guardian Signature:	Date:
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