

Steppingstone Scholars, Inc.: Scholar Medical Information & Permission Slip Form
StepItUP! 2017 Summer Program

Event: StepItUP! 2017 **Event Date(s):** Monday, July 3, 2017 to Friday, August 4, 2017

Event: FunPlex- Mount Laurel, NJ **Event Date(s):** Thursday, August 3, 2017

Insurance Company: _____ Policy Number: _____

Please attach a copy of the insurance card, both front and back.

_____ Check if the Scholar's shot/vaccination records are up to date.

Medical/Health Concerns: Please indicate in the space below any medical concerns that will assist chaperone(s) or emergency personnel in caring for your child should the need arise. Please provide as much detail as possible.

Medication: Please list any and all prescription medications that your child is currently taking.

Will you be supplying the chaperone(s) with any medications such as an inhaler for asthma or an EPI pen or bee sting kit?

YES / NO Please explain:

If yes, please be advised that Pennsylvania School Law requires both your signature and that of your physician in order for chaperones to administer any medication including non-prescription drugs such as Tylenol.

Please provide the emergency name & phone number(s) of Parent/Legal Guardian who may be reached on trip dates:

Name of Parent/Legal Guardian to be contacted: _____

_____/_____/_____
(Home phone) (Cell phone) (Work Number)

Are there any other specific emergency contacts or circumstances that you feel we need to know relating to the welfare of your child? Please be specific:

Please print name of student below:

_____ has my permission to go on the above mentioned trip. Should the need for medical treatment arise, the Steppingstone Scholars, Inc. chaperone(s) has/have my permission to seek care at an emergency center at my expense.

PRINT THE NAME OF THE PARENT/LEGAL GUARDIAN: _____

Parent/Legal Guardian Signature: _____ Date: _____

Grade/Comment Release Form

To Whom It May Concern:

My child is a Scholar in the Steppingstone Scholars program, which prepares students for entrance to and success at area college preparatory schools. In order to support Scholars during their middle and high school years, Steppingstone monitors academic performance by reviewing meeting with advisors and other school personnel to discuss Scholar progress.

Therefore, I give permission to Steppingstone Scholars and its authorized representatives to:

- Obtain academic grades and comments for my child including test scores and progress reports
- * Meet with my child at his/her school
- * Contact and meet with my child's advisor, teachers, or guidance counselor

I may withdraw or modify the permission at any time and will do so in writing to Steppingstone Scholars. Otherwise, this form applies as long as my child attends the school.

Full Name of Student - please print

School

Parent/Guardian Signature

Date

Please submit these forms by: April 15, 2017

Mail:
Steppingstone Scholars c/o Stephanie Tisdale
Ritter Hall Annex- Room 454
1301 Cecil B. Moore Ave
Phila. Pa 19122

Email:
enrichment@steppingstonescholars.org