



**EMERGENCY CONTACT AND RELEASE (Please check and initial if contact is also authorized for release)**

_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial
_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial
_____	_____	_____	_____ <input type="checkbox"/>
First & Last Name	Relationship to Student	Phone Number	Guardian Initial

**OTHER INDIVIDUALS AUTHORIZED FOR RELEASE**

_____	_____	_____
First & Last Name	Relationship to Student	Phone Number
_____	_____	_____
First & Last Name	Relationship to Student	Phone Number
_____	_____	_____
First & Last Name	Relationship to Student	Phone Number

**HEALTH**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip Code

Medical conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications and dosage: \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION**

Does student have an IEP? Yes/No

Does student a hearing impairment? Yes / No

Does student a visual impairment? Yes / No

Does student need classroom modifications? Yes/ No

How did you find out about TIES? \_\_\_\_\_

**STEP-PARENT INFORMATION**

Authorized To Receive School/Student Information

Step-father's Name Step-father's Email Address

Step-father's Home Phone Step-father's Work Phone Step-father's Mobile Phone

Authorized To Receive School/Student Information

Step-mother's Name Step-mother's Email Address

Step-mother's Home Phone Step-mother's Work Phone Step-mother's Mobile Phone

**STUDENT / PARENT SECONDARY ADDRESS**

Address City ST Zip Code

**MEDIA PERMISSION**

TIES Philadelphia routinely posts on our websites  
and other publications pictures and videos of student activities connected with the school.

TIES may may not include my child in such postings. \_\_\_\_\_ Initial \_\_\_\_\_ Date

**IN THE EVENT OF AN EMERGENCY**

*In case of an accident considered "major" by the school, your child will be sent to the Emergency Room, if necessary. Please be advised that TIES does not assume responsibility for emergency medical treatment, payment of physician's fees, or health expenses of students who are injured at school or at school-sponsored activities away from the school campus.*

Initial \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

By signing this form, I acknowledge receipt of this information, confirm the information I provided is true and accurate, and confirm this document supercedes any previous information given to TIES.

Name of Person Completing Form	Signature of Person Completing Form	Relationship to Student	Date
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***(If Person Financially Responsible is different from, please continue below)***

Name of Person Financially Responsible	Signature of Person Financially Responsible	Relationship to Student	Date
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**OFFICE USE ONLY**

REGISTRATION: Paid Unpaid Amount Paid \$

DEPOSIT: Paid Unpaid Amount Paid \$

TYPE OF PAYMENT: Cash Credit Card Check (#\_\_\_\_\_)