

COMPASS SCHOOL INFO SHEET
PO Box 177 Westminster Station, VT 05159 802-463-2525

The information in this form is CONFIDENTIAL and not part of the permanent transcript. Please complete ALL parts of the form.

Full name of student: _____ Date of Birth: _____	
Mailing Address: _____ Town: _____ State: _____ Zip: _____	
Physical Address (if different from mailing): _____	
Phone: _____ Student's Social Security Number _____	

Mother's Name: _____	Father's Name: _____
Mailing Address: _____	Mailing Address: _____
Town: _____ State: _____ Zip: _____	Town: _____ State: _____ Zip: _____
Home phone: _____	Home phone: _____
Mother's employer: _____	Father's employer: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Alternate responsible persons to be reached in case of emergency if parent is unavailable:	
1. Name: _____	Phone: _____
2. Name: _____	Phone: _____

Student is covered by family insurance as follows:

Carrier: _____ Address of Carrier: _____
Group Number: _____ Certificate Number: _____
Name of Subscriber: _____ Social Security of subscriber: _____
Does this plan require notification prior to treatment? Yes _____ No _____
If so, who to call? _____ Telephone: _____

Consent for Athletic Participation and Travel Off-Campus

I hereby give my permission for my child/ward, _____ to participate in any Compass School sponsored trips or travel off-campus and participate fully in the Compass School physical education program, including competitive athletics, in accordance with the recommendation of the clinician completing the medical form.

Medical Allergies: _____
Medication: _____

Signature of Parent/Guardian: _____ Date: _____

The completed and signed health form must be on file at Compass School before any student will be permitted to participate in any athletic event or off-campus trips.

Authorization for Treatment

I, _____, the undersigned parent/guardian, hereby specifically authorize Compass School staff to provide minor medical treatments including Benadryl or Tylenol if necessary, first aid and/or transport to appropriate medical facilities for my child, _____.
Signature of Parent/Guardian: _____ Date: _____

Consent for Use of Photos

I hereby give permission for use of photos that include my child/ward, _____, related to activities at Compass School to be used for educational or public relations purposes.
Signature of Parent/Guardian: _____ Date: _____

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