

Student Name_	
Date of Birth	

Emergency Information

none numbers in the order	we should call in case of emergency:
_Phone 2	Phone 3
ext notification system)	
State	Zip Code
Cell Phone	
State	Zip Code
P	hone
	Phone
:	
, please list:	
e list:	
ne school day, please request	a Medication Administration Authorization form.
ent health information abo	ut your child:
	none numbers in the order Phone 2

Parental Permission and Liability Release

Name					
	First	Middle	Last		
Date of Birth					
Address					
City	State	Zip Code_			
The undersigned(s) being the	lawful parent(s) and/or g	uardian(s) of the above c	nild (the "Child"), hereby consent(s) to		
the participation by the Child	in all events and activities	relating to The Learning	Academy of Teton Valley, Inc.,		
including but not limited to pl	nysical education, recess,	field trips, winter sports,	etc. for the term of the Child's		
enrollment. This also serves a	s permission for your stud	lent to ride The Learning	Academy bus or in a vehicle driven by		
an LATV teacher or parent to	any Learning Academy spo	onsored event for the du	ration of the school year.		
and its staff, employees and age expenses, actions and causes of	se, indemnify, defend and gents (collectively the "Schof action (collectively the "	forever discharge The Lea ool") of and from all liabil Claims") in respect of dea	articipation in said events and irricipation in said events and irricipation in said events and irricipation, local features, costs, th, injury, loss or damage to the Child hild's participation in said events and		
parent(s), guardian(s), and/or authorizing any treatment. I he action they deem necessary rewhere time is of the essence, i	emergency contact(s) liste ereby grant permission for garding my child's health a ncluding an emergency ev se decisions. I grant permi	d on Student Admission A LATV and its employees to and safety in the event I c acuation; and fully release ssion for emergency treat	easonable efforts to contact the application before administering or o have full authority to take whatever annot be reached or in a situation e LATV and its employees from any ment by a rescue squad, private		
The undersigned(s) hereby ack	nowledge and agree to sa	id administration or autho	orization.		
Signature of Parent	Signate	ure of Parent	Date		
	•		rnet provides a number of valuable		
			e this state of the art technology. We		
have made every effort to ens	ure that your child does no	ot view unsuitable/inappr	opriate material.		
I allow my child access to the i	nternet during the school	day.			
Signature of Parent	 Signat	ure of Parent	 Date		