



Parent Check List

Baldwin Prep School 200 Castlewood Drive, North Palm Beach, FL 33408
(561) 844-7700 www.BaldwinPrepSchool.com

| | | | |
|--------------|--|-------------|--|
| Student Name | | School Year | |
| Grade | | Date | |

PLEASE PRINT

The following documents must be on file at Baldwin Prep School. Please use this list as a guide and return it to Mrs. Buck at the front desk with all of the appropriate paper work. The first five items are available from Baldwin Prep School and the HRS form is available from your pediatrician. All of these forms must be in our possession within the first two weeks of school.

- 1) _____ Emergency Medical Information and Authorization form
- 2) _____ Authorization for Pick Up form
- 3) _____ Press Coverage Permission Slip
- 4) _____ Allergy Notification form
- 5) _____ Medication Authorization form
- 6) _____ HRS Immunization records and last physical exam report
- 7) _____ Previous school records
- 8) _____ Your email address: _____
- 9) _____ Medications in original container (including cough drops, allergy tablets, pain reliever, etc. in a Ziploc bag with student's name)



Allergy Notification Form

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PLEASE PRINT

Please complete the following listing any insect bites (including bees), food or other items your child is allergic to so we may keep this information on file at school.

Please let us know what emergency action you would like for us to take in the event of an allergic reaction. If your child needs to take medication for an allergic reaction, please make sure your physician fills out the following information.

Student's Name: _____ Parent's Name: _____

Allergic to: _____ Action: _____

Allergic to: _____ Action: _____

Allergic to: _____ Action: _____

Parent's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____



Student Directory Information

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This information will be included in the Student Directory given only to parents, teachers and students of BPS.

Student name: _____ Current grade: _____

Home address: _____

City, state, zip code: _____

Home telephone: _____

Primary Parent Name: _____

Primary Parent Cell phone: _____

Email address: _____

Gmail address (Required for Google Docs): _____

What is the best way to contact you? Email Text Phone Message Other: _____



Emergency Medical Information Authorization

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Home Address: _____

PLEASE LIST CONTACTS IN ORDER OF PREFERENCE TO BE CALLED:

____ **Father's Name:** _____ Home Phone: _____

Address: _____ Work Phone: _____

Occupation/Place of Business: _____ Cell Phone: _____

____ **Mother's Name:** _____ Home Phone: _____

Address: _____ Work Phone: _____

Occupation/Place of Business: _____ Cell Phone: _____

____ **Emergency Contact:** _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

Physician's Name: _____ Office Phone: _____

Hospital Choice: _____

Health Insurance Co.: _____ Policy #: _____

Allergies & Medical Conditions: _____

Medications taken regularly: _____

Your signature indicates The Baldwin Prep School staff is permitted to authorize any necessary medical treatment to be given to your child and that the bearer of this paper has the authority to request such medical treatment.

Parent/Legal Guardian Signature: _____

Dated this _____ day of _____, 20____.



Permission for Photographs & Video

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PLEASE PRINT

On occasion, we may have news and press coverage, or other school related photographs or video. We also utilize social media to keep parents informed and promote the school. Please indicate below whether or not you give permission for your child to be included in any promotional material or school related photographs or video.

Yes, I give permission for _____ to be photographed/videoed.

No, I do not give permission for _____ to be photographed/videoed.

Parent's Signature: _____ Date: _____



Authorization for Pickup

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PLEASE PRINT

Students will not be released to anyone other than the persons listed below. It is not necessary to list parent names. Photo identification is required of the individuals named below.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Your signature indicates The Baldwin Prep School may release your child to the above listed persons.

Parent/Legal Guardian Signature: _____ Dated this _____ day of _____, 20____.

