



Landmark East School
708 Main Street
Wolfville, Nova Scotia
B4P 1G4 CANADA

Tel: (902) 542-2237
Fax: (902) 542-4147
www.landmarkeast.org

PARENT AUTHORIZATION

2018-2019

Student's Full Name: _____

Weekly Allowance (BOARDING STUDENTS ONLY)

We authorize our child to receive a weekly allowance of \$_____ (*max \$25.00*) to be included in our child's personal expenses paid by us.

Use of Photograph or Likeness

We authorize Landmark East School and its employees, agents and personnel who are acting on behalf of the school to use our child's photograph or other likeness for purposes related to the educational mission of the school, including publicity, marketing and promotion of the school and its various programs. We understand that our child's photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on school website or newspapers. We understand that, although Landmark East School will endeavour to use our child's likeness in accordance with standards of good judgment, the school cannot warranty or guarantee that any further dissemination of our child's photograph or likeness will be subject to school supervision or control. Accordingly, we release the school from any and all liability related to dissemination of our child's photograph or likeness.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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CREDIT CARD AUTHORIZATION

For Student Personal Expenses

Student's Full Name: _____

I hereby authorize Landmark East School to debit my credit card on a monthly basis for my child's personal expenses. These expenses may include but are not limited to:

- Weekly allowance (boarding students)
- Weekend activities and/or other school activities (e.g. field trips, winter carnival, etc.)
- Transportation fees (students using Landmark East's transportation service)
- Art and Production Technology supplies
- School photos

Furthermore, I authorize Landmark East School to use my credit card to pay:

- **Wood's Limousine** for my child's transportation costs (www.woodslimo.com)
- **Cochrane's Pharmasave** for my child's medication, prescriptions, toiletries, etc.
- **Annapolis Valley Health Authority** for any out-of-province medical fees
- Other medical and/or health services (e.g. dentist, counsellor, eye glasses, etc.)

Credit Card Information

Card Type: VISA MasterCard

Credit Card Number: _____

Card Expiry Date: _____

Card Security Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Cardholder Email: _____

Is this the same credit card used the previous school year? Yes No New Student

SIGNATURE

DATE

NOTE: Please contact Janet Cooper at (902) 542-2237 Ext 227 or jcooper@landmarkeast.org to update your credit card information when necessary.



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MEDICAL INFORMATION

(To be completed by parents)

Student's Full Name: _____ Sex: **Male** **Female**

Date of Birth (YYYY/MM/DD): _____|_____|_____

Provincial Medical Number: _____ Expiry Date: _____

Parents/Legal Guardians: _____

Full Mailing Address: _____

Home Tel: _____ Mother's Cell: _____ Father's Cell: _____

Emergency Contact Person: _____ Address: _____

Address: _____ Home Tel: _____ Cell: _____

Family Doctor: _____ Tel: _____

Full Mailing Address: _____

Health and Medication:

Does student have allergies? **Yes** **No** If yes, give details _____

Is student on a special diet? **Yes** **No** If yes, give details _____

Does student have hyperactivity? **Yes** **No** If yes, does student take stimulant medication? **Yes** **No**

Has female student menstruated? **Yes** **No** If no, has she been told about it? **Yes** **No**

Is menstrual history normal? **Yes** **No** If no, give details _____

Does student take medication? **Yes** **No** If yes, give name of medication(s) and also complete Medication form with all details:

PARENT AUTHORIZATION

We (I) hereby give permission for teachers and staff of Landmark East School to administer first aid or any other assistance they consider to be in the best interest of our (my) child. In the event that we (I) cannot be reached in an emergency, we (I) hereby give permission to the physician selected by the school to hospitalize, secure treatment for and to order injection, anaesthesia, or surgery for our (my) child as named above. We (I) hereby authorize the Landmark East School physician to examine our (my) child and prescribe medications, as he/she deems necessary. Furthermore, we (I) hereby assign Landmark East School the authority to arrange provision for any emergency or routine dental care the school deems necessary to ensure adequate dental health of our (my) child as named above and we (I) agree to assume responsibility for any costs involved.

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MEDICATION

(To be completed by parents)

Student's Full Name: _____ **Sex:** Male Female

Date of Birth (YYYY/MM/DD): _____ | _____ | _____

Does student take medication? **Yes** **No**

If yes, list **ALL** medications in the chart below indicating the times of administration and the dosage. Also, please indicate whether medication is to be given 5 days per week or 7 days per week.

Name of Medication	Reason	Times	Dosage	5 or 7 Days per Week

Additional Instructions (e.g. emergency procedures) _____

Should medication be sent home with student on weekends and/or holidays? **Yes** **No**

Please give details. _____

IMPORTANT: Parents must email Glen Currie at gcurrie@landmarkeast.org if there is any change in their child's medication (discontinue, change in dosage, new medication, etc.).

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