



# Welcome to Sylvan EDGE Programs!

## Golden Ring Student Information & Consent Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**My child has my permission to be picked-up by:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Does your student have any allergies? Is there anything else we should be aware of?**

Circle: **YES** or **NO** Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*In the event of an emergency where I (or my spouse) cannot be contacted, I authorize Sylvan Learning Center to secure whatever medical care is necessary for the safety and well-being of my child. I will assume all costs incurred for emergency care.*

**I give permission for pictures/videos to be taken of my child to be used in email communications sent to families in his/her class. Footage will not be used for any other reason or shared with persons outside of your student's class.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_