

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 Ziplo	c bag with student's name)



Allergy Notification Form

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Student Name	School Year	
Grade	Date	

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:	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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Student Name		School Year	
Grade		Date	
	ormation will be included in the Student D s of BPS.	irectory given	only to parents, teachers and
Student	name:		Current grade:
Home ac	ddress:		
City, stat	te, zip code:		
Home te	elephone:		
Primary	Parent Name:		
Primary	Parent Cell phone:		
Email ad	ddress:		
	ddress (Required for Google Docs):		

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



Emergency Medical Information Authorization

Baldwin Prep School

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PLEASE PRINT

Student Name	School Year
Grade	Date
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 percentage treatment to be given to your child and that the bearer of treatment.	
Parent/Legal Guardian Signature:	
Dated this day of C:\Users\Baldwin Prep Teacher\Desktop\Mandatory Forms To Complete.docx	_, 20



Permission for Photographs & Video

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Student Name	School Year	
Grade	Date	

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

Baldwin Prep School

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

Student Name		School Y	ear	
Grade		Date		
PLEASE PRINT				
	ot be released to anyone othe dentification is required of the	·		essary to list parent
Name:		P	none:	
Address:	ess:Relationship:			
Name:		Ph	none:	
Address:		Re	elationship:	
Name:Phone:				
Address:	dress:Relationship:			
Your signature i	ndicates The Baldwin Prep S	chool may release your c	hild to the above liste	d persons.
Parent/Legal G	uardian Signature:	Dated	this day of	, 20

Register for Google Docs

Every student has a Google Doc that teachers spend a good amount of time each week updating. It is imperative that at least one parent has an account with Gmail to read this information. This document is updated on a regular schedule (see School Calendar for dates) and <u>available by 5pm on Sunday</u>.

How to access your student's Google Doc

- You MUST HAVE A GMAIL ACCOUNT.
 - If you already use Gmail, you only need to be sent the link once and you will be setup to access your child's progress report. Please be sure we have your correct Gmail address.
 - If you do not have a Gmail account, set one up by going to https://accounts.google.com/NewAccount You can use your current email address, and our suggestion is that you use the same password for your Gmail account as your regular email account to make it easy to remember.
 - Once you have setup your Gmail, we will send you your child's progress report ONCE.
 Log in to your Gmail account on Sunday after 5pm, and click on DRIVE at the top of the page to see the updated document.
 - You can print a copy of the comments for your school records at home. <u>DO NOT DELETE</u> <u>THE DOCUMENT FROM GOOGLE DOCS.</u> If you have more than one child, DO NOT DELETE ANY OF THEM. It will be updated automatically through the magic of the internet.
 - There is an app for smartphones which makes access much easier.