New Horizon School
Where Children Come First

Emergency Contact Form
2026-2027 School Year

Students Name (first middle last):	
Birthdate:	Student Cell Phone #:
Student lives with: ☐Mother ☐ Father ☐Grandparent(s) ☐Other: _____	

Parent/Guardian	**Parent/Guardian**
Name:	Name:
Relationship:	Relationship:
Address:	Address (If Different):
City, State & Zip:	City, State & Zip:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Employer:	Employer:
Occupation:	Occupation:
Work Phone:	Work Phone:

Emergency Contact #1 (Other than already listed Parent/Guardian)	**Emergency Contact #2** (Other than already listed Parent/Guardian)
Name:	Name:
Relationship:	Relationship:
E-mail:	E-mail:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

My student will be arriving & departing via: _____

List persons authorized to pick up your child from school: _____

_____

Please list any person who is not allowed to pick up your student: _____

_____

In order to ensure your student's safety, we request that you list with us a private family password. Your student will only be allowed to leave school with people listed or with a person who can state your family password. Family Password: _____

Publish my family's information in the Family Directory ☐Yes ☐No

I am interested in being an emergency phone tree representative for this school year to call/text families of school closures or delays. The phone tree is normally activated early mornings or late evenings ☐Yes ☐No

If yes, name of volunteer: _____

(Continued on next page)

Hospital Consent for Medical Care

I authorize and consent to medical, surgical, diagnostic, and hospital care, treatment, and procedures to be performed for my student by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my student's health and if I/we cannot be contacted. I waive my right to informed consent to such treatment. In the event that my student's physician is unavailable, I hereby agree to treatment by the emergency room physician on duty and/or a referral physician.

_____/_____

Parent Guardian Signature Date

_____/_____

Adult Student Signature Date

Medical Insurance Company:	Membership#:	
Employer:	Group#:	
Physicians Name:	Physicians Phone #:	
Name of medication presently taken:	Dose:	Time:
Name of medication presently taken:	Dose:	Time:
Name of medication presently taken:	Dose:	Time:
Date of last tetanus shot:		
Diagnosis:		
Allergies:		
Any other health concerns: History of seizures? ☐Yes ☐No Date of last seizure:		

New Horizon School

Student/Family Handbook Acknowledgment Form

Note: Parent(s) and Guardian(s), you must read with your student, initial, date, and sign below to acknowledge receipt and agreement.

1. We understand that a copy of the NHS Student/Family Handbook is available on the NHS website for my review. https://www.new-horizon-school.org/back-school-information/

   _____ (Parent's or Guardian's Initials) _____ (Date)

2. We acknowledge that we are responsible for reading and adhering to the information presented in the NHS Student/Family Handbook.

   _____ (Parent's or Guardian's Initials) _____ (Date)

3. We recognize that the use of student cell phones and personal electronic devices is prohibited on campus and that all student cell phones and personal electronic devices must be left at home or turned off and stored between 7:45 a.m. and 2:45 p.m. We acknowledge that consequences for violations may progressively include, but are not limited to, a warning, a reminder, notification to a parent or guardian, confiscation of the device for the remainder of the day, confiscation and return directly to a parent or guardian, and confiscation and ban of the device from campus. We understand that NHS is not responsible for the personal property of others.

   _____ (Parent's or Guardian's Initials) _____ (Date)

4. We understand that the continued enrollment of our student is subject to the Parent's or Guardian's and Student's adherence to all NHS policies and procedures as stated in the NHS Student/Family Handbook, including, but not limited, to Health & Safety, Discipline, Acceptable Use of Technology, Cell Phone & Other Personal Electronic Devices, Dress & Grooming, Honor Code, Attendance, Adult Behavior, Visitors & Volunteers.

   _____ (Parent's or Guardian's Initials) _____ (Date)

5. We acknowledge that NHS governs the conduct of students when learning in person or remotely, and when participating in any school-related activity (on or off campus).

   _____ (Parent's or Guardian's Initials) _____ (Date)

6. We recognize that continued enrollment, in any given school year, and re-enrollment in any subsequent school year are subject to the Parent's or Guardian's and Student's

continued support of the Mission of NHS and the content of the NHS Student/Family Handbook.

_____ (Parent's or Guardian's Initials) _____ (Date)

7. We further understand that NHS has reminded us of its Health & Safety Policy and Procedures, and we acknowledge that it is our responsibility to be familiar with and abide by them. We also understand that these procedures may change in the event of a contagious disease outbreak, and that we will be notified of any such changes. We further understand that the basic responsibility for our health and safety, as well as our student's health and safety, rests with us. NHS has explained to us that its Health & Safety Policy and Procedures do not constitute a promissory agreement and do not set or change the terms or conditions of student enrollment.

   _____ (Parent's or Guardian's Initials) _____ (Date)

Note: Please initial, date, sign, and return the NHS Student/Family Handbook Acknowledgment Form in your back-to-school packet.

_____ _____
Parent's or Guardian's Signature Date

_____ _____
Student's Signature Date

New Horizon School
Where Children Come First

Photo Release Form

The NHS web site and promotional materials are used to publish school and related information for current students/families, interested students/families, as well as school supporters in the community. Photographs, videos and work of students or former students, may be included to highlight the school & class projects and activities.

NHS would like to ensure that certain publishing guidelines are being followed in the development of the school web site and promotional materials. For this reason, consent by parent/guardian/adult student/ former student for the release of student photographs, video and student work to be published by NHS is required.

Publishing of web and promotional materials conforms to the following guidelines:

- The student's full name and other personal information such as address & telephone number will NOT be published on the Internet.
- Student's web pages created as part of the school project may be published at the NHS web site as appropriate.
- Photos of large groups of students may be published on a school web site WITHOUT parental or guardian permission only if individual students are difficult to identify.

By granting permission, students, former students and their families and guardians release any and all claims against NHS.

Please check one:

☐ NHS **IS** granted permission to use photographs and work of my child following the guidelines above.

☐ NHS **IS ONLY** granted permission to use photographs of my child in the NHS Yearbook, team photos, video performances and play bills.

☐ NHS **IS NOT** granted permission to use photographs and work of my child in web or promotional materials. This will **exclude** my student from the NHS Yearbook, team photos, video performances and play bills. (Please note that your student will not be able to participate in certain classes if this is marked. This could include drama, dance and any other classes that would require a student to be on stage during performances.)

Please sign below:

_____
Name of Student (please print)

_____ Date_____
Signature of Parent/Guardian or Adult Student

Revised: Sep 4, 2025

New Horizon School
Where Children Come First

1111 S Carr Rd, Renton, WA 98055
(425) 226-3717
fax (425) 226-4605
toll free (888) 571-6979
info@new-horizon-school.org
www.new-horizon-school.org

Permission Slip Addendum for students 18 & older

I _____give New Horizon School
(Student Name)

permission to share my progress reports, report cards, and any other documents pertaining to schooling with the individuals listed below:
(i.e. parent/guardian, other agencies, etc.)

_____

_____

_____

_____

_____ _____
Signature of Adult Student Date

Birthdate: _____

New Horizon School
Where Children Come First

Address 1111 S. Carr Road
Renton, WA 98055
Tel 425.226.3717
Toll Free 888.571.6979
Fax 425.226.4605
Email info@new-horizon-school.org
Web www.new-horizon-school.org

Authorization for Administration of Medication at School

Dear Parents & Guardians,

At some point during this school year, your student may need to take Prescribed Medication, Tylenol, Ibuprofen, or other "over the counter" medicine.

Washington State law requires written instructions from parents and a physician for ANY medication, prescribed or "over the counter". The law permits school staff to administer medication only in limited situations. When possible, the parent and physician are urged to design a schedule for giving medication outside school hours.

If medication is required at school, please have your doctor complete the upper portion of the attached form. As a parent, please complete the lower section of the form.

** If your student takes any meds after school hours, please send a 3-day supply in case of an emergency. **

Please note that it is your responsibility to keep New Horizon School updated of any changes in your student's medication throughout the year and forms will need to be updated in the case of changes.

Medications must be in the original container showing the student's name, medication and dosage.

(Continued on next page)

New Horizon School
Where Children Come First

Address 1111 S. Carr Road
Renton, WA 98055
Tel 425.226.3717
Toll Free 888.571.6979
Fax 425.226.4605
Email info@new-horizon-school.org
Web www.new-horizon-school.org

Authorization for Administration of Medication at School

Student's Name_____ **Birth Date**_____

The following is to be completed by the physician:

Name of Medication	Dosage	Time of Day Administered

Possible side effects:_____

Emergency procedure in case of serious side effects: _____

_____

I request and authorize that the above-named student be administered the above identified oral medication in accordance with the instructions indicated above for the period commencing with the _____ day of _____, 20_____ through the 31st day of August, 20_____.

_____

Doctor/Dentist Signature Print Name Date

(_____)-_____

Phone number Street Address City, State, and Zip

This portion is to be completed by the Parent/Guardian:

I request and authorize New Horizon School to administer the above identified medication to the above identified student in accordance with the prescription or doctor's instructions for the period commencing the ___ day of _____ ___. 20___ through August 31, 20___. I understand that every effort will be made by school staff to administer the medication in a timely manner.

_____

Signature of Parent/Guardian Date

****Medication must be supplied to the school in its original container****