



STUDENT'S **LEGAL** NAME (Last) _____ (First) _____ (Middle) _____
 Grade Entering _____ Date of Birth ____/____/____ Male Female
 Street Address _____ City _____ Zip Code _____

FATHER: Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No First Name _____ Last Name _____ Cell Phone (____) _____ Work Phone (____) _____ Home Phone (____) _____ E-mail _____ Street Address (if different) _____ City _____ State _____ Zip Code _____	MOTHER: Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No First Name _____ Last Name _____ Cell Phone (____) _____ Work Phone (____) _____ Home Phone (____) _____ E-mail _____ Street Address (if different) _____ City _____ State _____ Zip Code _____
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IMPORTANT: Is there anyone who, by court decree, is restrained from taking the student from school? Yes No
 If yes, name of person: _____

In case of an emergency or if the student becomes ill, I hereby authorize school officials to call the following persons when parents or guardians are not available. Please list two adults (must be 25 years of age or older) who can be reached during school hours.

Name (First) _____ (Last) _____ Cell Phone (____) _____ Work Phone (____) _____ Home Phone (____) _____ City _____	Name (First) _____ (Last) _____ Cell Phone (____) _____ Work Phone (____) _____ Home Phone (____) _____ City _____
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In case of accident or other emergency, permission is given to call the paramedics or any local physician. I (We), the undersigned, parent(s)/guardian(s) of the student named above, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act by a physician on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may, deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Current medications _____ Allergies to drugs or food _____ Last tetanus shot (date) _____ Health Concerns _____	Family Physician _____ Phone (____) _____ City _____ Health Insurance Company _____ Policy # _____
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FIELD TRIP AUTHORIZATION: We give our permission for our student to accompany his/her class/team on all field trips/excursions. Transportation may include driving in a private car. If my student rides in a private car, I am responsible to make sure my student is driving with a driver whom I approve. I am aware of Education Code Section 1081.5 which provides that all persons taking field trips/excursions are deemed to have waived all claims against the school for injury, accident, illness or death during or by reason of the field trip/excursion.
 Parent Initials **X** _____

I (We) have read and accept the conditions of this emergency form.
FATHER: X _____ Date _____
MOTHER: X _____ Date _____