

Student's name _____ Grade _____
Last First M.I.

SAN MARINO UNIFIED SCHOOL DISTRICT HEALTH & EMERGENCY INFORMATION
HUNTINGTON SCHOOL 2009-2010

Home address _____ Home Phone _____

I am living with: ___ *Father* ___ *Stepfather* ___ *Guardian*
Name _____ Business Phone _____

Place of Business/Address _____

Cell Phone _____ Fax Number _____ email address _____

I am living with: ___ *Mother* ___ *Stepmother* ___ *Guardian*
Name _____ Business Phone _____

Place of Business/Address _____

Cell Phone _____ Fax Number _____ email address _____

IN CASE OF ILLNESS OR ACCIDENT AND WHEN UNABLE TO CONTACT PARENT, PERMISSION IS GRANTED FOR ANY OF THE FOLLOWING TO CALL FOR OR TAKE CARE OF MY CHILD: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and people who are willing to pick up your child.)

Name _____ Phone _____ Relationship _____

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Student may not be released to _____

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CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness or accident and when school is unable to contact us, we, the undersigned parents of :
(Please print child's name on line below)

_____, Date of Birth_____

a student of the San Marino Unified School District, hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Dated _____ Father's Signature_____

Mother's Signature_____ Guardian's Signature_____

Witness' Signature_____

Doctor's Name_____ Phone_____

Insurance Carrier_____ Policy Number_____

LIST ANY PERTINENT HEALTH INFORMATION: _____

Allergies:_____

Medications:_____

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