

STUDENT EMERGENCY INFORMATION 2011/2012
SACRAMENTO RIVER DISCOVERY CHARTER SCHOOL

1660 Monroe Street, Red Bluff, CA 96080 Phone: 530 529-1650 FAX: 530 529-1694

<u>STUDENT INFORMATION</u>		GRADE: _____
_____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Student First Name, Middle Name, Last Name	_____	Student Birth Date
<u>Mail Address</u>	_____	<u>Residence Address</u> <input type="checkbox"/> Check if same as mailing
Street Address	_____	Street Address
City/State/Zip	_____	City/State/Zip
Student Cell Phone Number (if applicable): _____		

<u>PARENT/GUARDIAN INFORMATION</u>	
<u>Primary Contact</u>	<u>Secondary Contact</u>
_____	_____
Name(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student Does the student live with you?	Relationship to student Does the student live with you?
_____	_____
Mailing Address (if same as student write "same")	Mailing Address
_____	_____
City/State/Zip	City/State/Zip
Phone #1: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other	Phone #1: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other
Phone #2: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other	Phone #2: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other
Phone #3: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other	Phone #3: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other
Email address: _____	Email address: _____

<u>EMERGENCY CONTACT INFORMATION (Must list at least one additional contact not listed above):</u>			
<u>Contact</u>		<u>Contact</u>	
_____	_____	_____	_____
Name	Relationship	Name	Relationship
Phone #1: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other		Phone #1: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other	
Phone #2: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other		Phone #2: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other	

Any additional **Contact** information:

**** IMPORTANT ****
PLEASE BE SURE TO FILL OUT BOTH SIDES OF THIS FORM

Student Name

Grade

FIELD TRIP PERMISSION

I give permission for my child to go on field trips within and near Tehama County. I release Sacramento River Discovery Charter School and individuals from liability in case of accident during activities related to SRDCS, as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Physician's Name

Phone Number

Dentist's Name

Phone Number

Medical Insurance Company

Policy Number

Dental Insurance Company

Policy Number

Hospital/Clinic Preference

List any allergies or medications student is taking and any special health considerations:

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

**** IMPORTANT ****

PLEASE BE SURE TO FILL OUT BOTH SIDES OF THIS FORM