

<u>STUDENT INFORMATION</u>		GRADE: _____
Student First Name, Middle Name, Last Name _____		Student Birth Date _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
<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): _____		Social Security Number: _____ - _____ - _____

<u>PARENT/GUARDIAN INFORMATION</u>	
<u>Primary Contact</u>	<u>Secondary Contact</u>
Name(s) _____	Name(s) _____
Relationship to student _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Does the student live with you?</small>	Relationship to student _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Does the student live with you?</small>
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 #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 #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 #3: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/other

<u>EMERGENCY CONTACT INFORMATION (Must list at least one alternative contact):</u>	
<u>Contact</u>	<u>Contact</u>
Name _____	Name _____
Relationship _____	Relationship _____
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 #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

Any additional **Contact** comments:

**** 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