

Vacaville Christian Elementary School

Summer Programs 2006 Emergency Form

Student's Last Name: _____ First: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Current School: _____ Grade Level Completed: _____ Date of Birth: _____ Sex: M or F

Parent Name: _____ Work Phone: _____ Cell _____

Parent Name: _____ Work Phone: _____ Cell _____

Student lives with: _____ Both Parents _____ Mom _____ Dad

MEDICAL INFORMATION

Insurance _____ Policy I.D. #: _____ Phone #: _____

Physician: _____ Insured Name: _____ Relationship: _____

Does your child take regular Medication? Yes/No (Type): _____

Allergies? _____ Inhaler? _____

EMERGENCY CONTACTS/ CARPOOL INFORMATION

Please list three local people whom we could call in case of emergency. Those listed will also be allowed to pick up the student if needed.

Name #1: _____ Day Phone #: _____ Cell #: _____ Relationship: _____

Name #2: _____ Day Phone #: _____ Cell #: _____ Relationship: _____

Name #3: _____ Day Phone #: _____ Cell #: _____ Relationship: _____

Children will only be released into the care of a Parent/Guardian or those indicated on this form. We will assume that you hold to this plan unless you inform us with written permission in advance.

PARENTAL AGREEMENT

*Authorization, Consent, Medical release for medical treatment, payment and permission to attend field trips off Campus. This authorization is given pursuant to the provision of section 25.8 of the civil code of California. We the undersigned, parent(s)/guardian(s), do authorize personnel of the Vacaville Christian Schools to give authorization for examination, medical or surgical diagnosis or treatment and hospital care and ambulance transportation which is advisable by the surgeon licensed under the provision of the Medicine Practice Act, in the event of an Emergency and the parent(s) or guardian(s) are unable to be reached. I agree to pay all/any expenses incurred heretofore. This authorization shall remain for the duration that my child attends Vacaville Christian Schools.

I, _____, am the parent (one of the parents/legal guardian) of _____, who attends Vacaville Christian Schools Summer Programs. I have read and agree to the above, as well as all information on the General Information Sheet (including all refund, financial and payment policies)

Parent / Legal Guardian Signature

Date