FOREST RANCH CHARTER SCHOOL
Emergency Information/Consent to Treat

Student's Name: LAST_______________________________ FIRST_______________________ Grade_____ ID#___________

Birthdate _____________________ Home Phone ________________________ E-mail address ___________________________

Mailing Address ____ City_______________________ Zip______________

Living with (please circle): mother/stepmother father/stepfather guardian (relationship) _________________________________

Father/guardian name ____ Employer _____________________________________
Work Phone _____________________________ Cell/Pager _________________________ Work Hours _____________
Position/Occupation _______________________________________ E-Mail address _______________________________
Mother/guardian name ____Employer ____________________________________
Work Phone ______________________________ Cell/Pager _________________________ Work Hours _____________
Position/Occupation _______________________________________ E-Mail address _______________________________
If parent is not living with student, parent name ____ Phone ____________________
Address____ City ________________________ State _______ Zip _____________

List persons not living in the home who can come for student or give permission to leave campus if unable to locate parent.

1. Name_______________________________________ Relationship_______________________ Phone______________________
2. Name_______________________________________ Relationship_______________________ Phone______________________
3. Name_______________________________________ Relationship_______________________ Phone______________________

Other children in family
1. Name_______________________________________ School____________________________ Grade_______
2. Name_______________________________________ School____________________________ Grade_______
3. Name_______________________________________ School____________________________ Grade_______

I (We), the undersigned, parent, parents, or legal guardian of ______________________________, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California.

LIST OF RESTRICTIONS____

ALLERGIES TO DRUGS OR FOODS____

LIST ANY SPECIAL MEDICATIONS OR ANY MEDICAL CONDITIONS____
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Date of last TETANUS BOOSTER________________________

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN CANNOT BE REACHED, SCHOOL IS AUTHORIZED TO CALL
LOCAL DOCTOR__________________________________ ADDRESS_______________________ PHONE_____________
LOCAL DENTIST__________________________________ ADDRESS_______________________ PHONE_____________

I declare under penalty of perjury that the foregoing is correct.
SIGNATURE OF____ DATE______________
Father (or) Mother (or) Legal Guardian

Name, address and phone number will be used in the school directory.
Please check here _______ if you do **NOT** wish your information to be in the directory.