

## FAME Public Charter School 2011-2012

### Student Emergency Card

Student Name	Gender M / F	Grade	Age	
Physical Street Address	City		State: CA	Zip
Mailing Address (if different)	City		State: CA	Zip

### Parent/Guardian Information

Parent/Guardian Name:	Relationship:
Address: (If different from student)	Home Phone:
	Cell Phone:
	Work Phone:
Parent/Guardian Name:	Relationship:
Address: (if different from student)	Home Phone:
	Cell Phone:
	Work Phone:
Person(s) authorized to pickup student from school:	
Name:	Tel:
Name:	Tel:
Name:	Tel:

### Emergency Contacts

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a minor child, authorize the following people to be either contacted or to pick up my child in the event of an emergency due to illness, accident, or disaster, when a parent/guardian cannot be reached. I understand that I or the undersigned may have to show identification if there is a question by one of the staff. I understand that I or the undersigned will be required to sign out my child at the time of pick-up.

Contact 1 Name:	Relationship to student:	Phone Number:
Contact 2 Name:	Relationship to student:	Phone Number:

### Physician Information

Name of Physician:
Address:
Telephone:
Name of Dentist:
Address:
Telephone:
<b>Attention:</b> Please indicate factors that we or a doctor or dentist should be aware of in providing medical or dental treatment to your child; (existing medical conditions, medications or allergies)

### Insurance Information:

Health Insurance Carrier:	ID or Policy #:	Telephone Number:
---------------------------	-----------------	-------------------

My child has a health condition that requires specific medical treatment:    YES    NO  
My child must take prescribed medications during the school day:            YES    NO  
  
My child has a Medical Plan on file with the school:                                YES    NO

### Consent for Emergency Treatment

(I)(We), the undersigned parent (s) (legal guardian(s)) do hereby authorize any adult employee of FAME, or any adult acting under the direction of or on behalf of any adult employee of FAME (hereafter, "the agents of FAME", to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act, or to consent to X-ray examinations, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific emergency treatment being required, but it is given to provide authority and power on the part of FAME to give specific consent to any and all such emergency treatment. (Exceptions: please attach separate sheet to explain.)

This authorization is given pursuant of section 25.8 of the California Civil Code, and will be applied to emergency care only in those cases where the parent cannot be located in time to give consent herself/himself.

(I) (We) also authorize said agents of Fame to transport said minor in whatever manner is deemed necessary and reasonable under the circumstances, including transportation by emergency or rescue vehicle to whatever emergency treatment center is deemed appropriate/ In the event that an ambulance or other emergency vehicle is summoned, it is understood that the appropriate agent of FAME will either accompany the minor in the emergency vehicle or meet the vehicle at the designated medical facility. The undersigned hereby agrees to bear all cost incurred as a result of the foregoing. I have read and agree to comply with the above Emergency and Medical Release Form.

Signature of Parent or Guardian

Date