

Name: _____
Address: _____
Phone: _____
Parents/Guardian: _____

Does your child have any past or present medical condition that might need attention from us?
Yes _____ No _____

If Yes, describe _____

Name of responsible adult who will assume responsibility for your child if parent/guardian cannot be reached:
Name: _____
Phone: _____

In case of emergency, when parent/guardian cannot be reached, I give school authorities permission to summon emergency medical attention and will accept responsibility for any expense incurred.

Parent/Guardian signature

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