

PFA STUDENT EMERGENCY CARD: 2010 - 2011

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip _____

Birth date: _____ 19____ M/F Age _____ Grade: _____

Father's Name _____ Wk/Cell Phone # _____

Mother's Name _____ Wk/Cell Phone # _____

Doctor: _____ Phone: _____ Insurance Co.: _____ Policy # _____

Dentist: _____ Phone: _____ Insurance Co.: _____ Policy # _____

Responsible Person for Billing: _____

Do you want us to call you if an insect sting occurs? Y/N _____ Date of last tetanus shot _____

If we cannot reach you, whom shall we contact in case of an emergency? This includes an emergency due to an earthquake.

Please give two people different from your spouse.

Please list one out of the area contact.

Name: _____

Name: _____

Phone: _____

Phone: _____

Name: _____

Phone: _____

The named student may take the following if necessary; Yes or No

_____ Children's Tylenol _____ Benadryl for bee stings _____ Tylenol _____ Advil _____ Tums

Would you like us to call you before administering any of the above medications? Yes or No

Does the student have any learning disabilities or physical, emotional or other problems that may affect academics, attendance or behavior?

Yes or No _____ If yes, please explain: _____

Does the student have allergies of any kind? Please list: _____

Is your child taking any medication for diabetes, ADD, ADHD, seizures, asthma, etc. ? If yes, please explain. _____

Medical and Liability Release

The information provided is correct so far as I know, and this minor has my permission to engage in all prescribed activities except as noted.

In the event that I cannot be easily reached in an emergency while this minor is at school, school activity, or field trip, I give permission to the medical personnel designated by Pioneer Family Academy and its employees, officers, volunteers, members, or agents, to hospitalize, conduct X-ray examinations, and order any treatment deemed necessary, including anesthesia, injections, surgery and/or any other care for this minor.

Pursuant to the provisions of Section 25.8 of the California Civil Code, I authorize Pioneer Family Academy to procure medical, hospital, or dental care for my child _____ in the event of injury or illness, while the child is in the care of Pioneer Family Academy. I understand and agree that I am financially responsible for any care so provided.

Signed _____ Date: _____

It is understood that an exhaustive effort will be made to contact the parent or guardian of the child before treatment is given.

California Civil Code, Section 25.8. Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act., or to X-ray examinations, anesthesia, dental and/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.