

Davis Chinese School Emergency Card and Release Form

Date of Enrollment _____

Child #1 Name: _____ Birthdate: _____

Child #2 Name: _____ Birthdate: _____

Child #3 Name: _____ Birthdate: _____

Parent Name 1: _____ Home Phone () _____

Parent Address 1: _____ City: _____ Zip _____

Pager #: _____ Cell Phone #: _____ E-Mail _____ FAX #: _____

Parent Name 2: _____ Home Phone () _____

Parent Address 2: _____ City: _____ Zip _____

Pager #: _____ Cell Phone #: _____ E-Mail _____ FAX #: _____

INSURANCE: _____ Medi-Cal, Kaiser or Insurance Policy NO. _____

Physician to be called in case of emergency _____ Phone () _____

Address _____

Dentist to be called in case of emergency _____ Phone () _____

Address _____

Child #1 Name: _____

Allergies:
Medication: _____
Bee sting _____
Food _____
Other _____

Special Needs:
Asthma _____
Convulsions _____
Diabetes _____
Date of last tetanus _____

Child #2 Name: _____

Allergies:
Medication: _____
Bee sting _____
Food _____
Other _____

Special Needs:
Asthma _____
Convulsions _____
Diabetes _____
Date of last tetanus _____

Child #3 Name: _____

Allergies:
Medication: _____
Bee sting _____
Food _____
Other _____

Special Needs:
Asthma _____
Convulsions _____
Diabetes _____
Date of last tetanus _____

Consent for Medical Treatment: I authorize Davis Chinese School personnel to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her or to administer drugs and medication, administer a local or general anesthetic and to perform such surgical and/or medical treatment as he shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well-being. Any cost incurred in this connection not covered by Davis Chinese School or personal insurance shall be paid by me.

Only the parent/guardian who signs the card accepts responsibility for information and gives consent for medical treatment. Only this parent/guardian can change the information. It is recommended that a signature be obtained from each parent/guardian who provides care for the child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____