

FEA ELEMENTARY STUDENT EMERGENCY FORM

(Return to School Office)

_____ Serious Health Problem (please note)

Student's Name (Last) _____ (First) _____

Home Address: _____

Home Phone: _____ M [] F [] Birth Date _____ Grade _____

EMERGENCY NUMBERS IN CASE OF NEED: In case of emergency, illness, or accident to the child named above, the school is authorized to proceed as indicated.

1. Contact Mother: Name _____ Phone _____

Address: _____

Cell phone or alternate number: _____

2. Contact Father: Name _____ Phone _____

Address: _____

Cell phone or alternate number: _____

3. Contact Neighbor or Friend Name _____ Phone _____

Address: _____

Cell phone or alternate number: _____

4. Contact Family Physician Name _____ Phone _____

Address: _____

Cell phone or alternate number: _____

5. Other desired procedures/ _____

Medical information _____

In case of emergency, I authorize that my child be taken to the nearest medical center for treatment, if I am unavailable. I authorize FEA to obtain all emergency medical care prescribed by a physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

Signature of Parent/Guardian

Date

PERMISSION TO TRANSPORT STUDENT

WE, THE UNDERSIGNED, PARENTS/GUARDIANS OF _____ do hereby grant permission for the Folsom Educational Academy, to transport the above named student to and from school and to and from school-sponsored activities including, but not limited to, field trips, social events, and sports activities.

EMERGENCY AUTHORIZATION

IN THE EVENT OF AN EMERGENCY OR DISASTER I AUTHORIZE SCHOOL PERSONNEL TO RELEASE MY CHILD TO THE FOLLOWING INDIVIDUALS:

Name	Address	Relationship	Phone Number
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_____	_____	_____	_____
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Signature of Parent/Guardian	_____	Date	_____
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