



**FOLSOM
EDUCATIONAL
ACADEMY**
PreSchool, K - 7th

Elementary Student Emergency Form (Return to School Office)

Serious Health Problem (please note) _____

Student's last name: _____ First name: _____

Home address: _____

_____ City: _____ State: _____ Zip: _____

Home phone: _____ Boy Girl 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 Neighbor or Friend: Name: _____ Phone: _____
Address: _____
Cell phone or alternate number: _____

2. Contact Family Physician: Name: _____ Phone: _____
Address: _____
Cell phone or alternate number: _____

3. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent/Guardian _____ Date _____