

# FICHE D'URGENCE - EMERGENCY FORM

This information is IMPORTANT. Please print and complete ALL required information  EVERYTHING IS CORRECT

## STUDENT INFORMATION

**CAMPUS:** \_\_\_\_\_

**GRADE** \_\_\_\_\_

NAME (LAST, FIRST):	PLACE OF BIRTH (City)
DATE OF BIRTH (MM, DD, YYYY):	COUNTRY:
CITIZENSHIP:	ETHNICITY (* see footnote):
LANGUAGE 1: _____ LANGUAGE 2: _____ LANGUAGE 3: _____ <input type="checkbox"/>	
TRANSPORTATION: <input type="checkbox"/> South Bus <input type="checkbox"/> North Bus	

## FAMILY INFORMATION

PARENT 1 (specify father, mother, step-parent)	PARENT 2 (specify: father, mother, step-parent)
NAME (last, first):	NAME (last, first):
ADDRESS	ADDRESS
OCCUPATION	OCCUPATION
EMPLOYER	EMPLOYER
THE STUDENT LIVES WITH THIS PARENT (YES) (NO)	THE STUDENT LIVES WITH THIS PARENT (YES) (NO)

### ADDITIONAL PARENT (Specify: father, mother, step-parent)

NAME ( LAST, FIRST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

## FAMILY CONTACT INFORMATION

Please check email address(es) where you would like to receive email communications from the Lycée:

<input type="checkbox"/> Home:	<input type="checkbox"/> Business Mother:
<input type="checkbox"/> Cellular Father:	<input type="checkbox"/> Other :
<input type="checkbox"/> Cellular Mother:	
<input type="checkbox"/> E-mail Father:	
<input type="checkbox"/> E-mail Mother:	
<input type="checkbox"/> Business Father	

## IN CASE OF A GENERAL EMERGENCY

I ALLOW ANY SCHOOL FAMILY TO PICK UP MY CHILD

I WANT MY CHILD TO REMAIN UNDER SCHOOL SUPERVISION UNTIL I CAN PICK HIM/HER UP

I ALLOW ONLY THE PERSON(S) LISTED BELOW TO PICK UP/HOST MY CHILD

NAME	PHONE	ADDRESS

\*Ethnicity: [01] American Indian or Alaska Native [02] Black/African American [03] Asian [04] Pacific Islander [05] Latino [06] Middle Ester/Arabic [07] White [08] Mixed Ethnicity [09] Decline to State

**Please sign the medical form on the back ==>**

**MEDICAL INFORMATION**

I UNDERSTAND THAT IN CASE OF AN EMERGENCY, MY CHILD WILL BE BROUGHT TO THE HOSPITAL AS SOON AS POSSIBLE, AND I WISH THE FOLLOWING DOCTOR TO BE NOTIFIED (PLEASE SIGN THE MEDICAL AUTHORIZATION BELOW)

PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_ PRACTICE/HOSPITAL NAME \_\_\_\_\_

NAME OF INSURANCE \_\_\_\_\_ PHONE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

ILLNESS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

SURGERY \_\_\_\_\_ OTHERS \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL OR DENTAL CARE OF PARENT'S MINOR CHILD**

We (or I) \_\_\_\_\_ the parent (s) or guardian(s) of \_\_\_\_\_ entrusted such minor into the care of the LYCEE FRANCAIS LA PEROUSE for the school year and for **the school** year and for the welfare of such child.

In such connection, the undersigned authorize the said LYCEE FRANCAIS LA PEROUSE to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds or circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as the undersigned would have to consider it.

\_\_\_\_\_  
DATE Signature (s) of parent(s) or guardian(s)

**OFF CAMPUS AUTHORIZATION 9th - 12th GRADES ONLY!**

I, the undersigned \_\_\_\_\_ parent of \_\_\_\_\_ in the \_\_\_\_\_ grade, give my son/daughter permission to leave the campus during recess (10:05-10:20) and the lunch break (12:10-1:00pm) and also during the periods when he/she does not have class. During these times, the school is NOT responsible for the student if he or she is off campus

\_\_\_\_\_  
DATE Signature (s) of parent(s) or guardian(s)