

FICHE D'URGENCE - EMERGENCY FORM school year 2011-2012

This information is IMPORTANT. Please complete ALL required information

A rapporter le premier jour d'école à l'enseignant ou professeur principal de votre enfant

To be returned the first day of school to your child's teacher or homeroom teacher.

STUDENT INFORMATION

CAMPUS:

GRADE:

NAME (LAST, FIRST):	PLACE OF BIRTH (City)
DATE OF BIRTH (MM, DD, YYYY):	COUNTRY:
CITIZENSHIP (S):	ETHNICITY (* see footnote):

FAMILY INFORMATION

PARENT 1 (or FATHER, step-Father)	PARENT 2 (or: MOTHER, step-Mother)
NAME (last, first):	NAME (last, first):
ADDRESS:	ADDRESS
THE STUDENT LIVES WITH THIS PARENT (YES) (NO)	THE STUDENT LIVES WITH THIS PARENT (YES) (NO)

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

NAME (LAST, FIRST) _____

ADDRESS _____

FAMILY CONTACT INFORMATION used in case of an emergency

Home Parent 1 :	Home Parent 2:
Cellular Parent 1:	Cellular Parent 2:
Business Parent 1:	Business Parent 2 :
E-mail broadcast Parent 1 (required):	E-mail broadcast Parent 2 (required):
E-mail Emergency Parent 1 - if different from above:	E-mail Emergency Parent 2 - if different from above:

IN CASE OF A GENERAL EMERGENCY

[] 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
NAME	PHONE	ADDRESS
NAME	PHONE	ADDRESS

NOTE: If you do not list anyone, your child will remain under school supervision until you can pick him/her up.

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

Please sign the medical form on the back ==>

LYCÉE FRANÇAIS LA PÉROUSE

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:	PHYSICIAN PHONE:	PRACTICE/HOSPITAL NAME:
NAME OF INSURANCE:	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 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)

ACTIVITY PERMISSION AND ASSUMPTION OF RISK

I/we permit my/our child, _____, to attend and participate in all LYCEE FRANCAIS LA PEROUSE activities, events, off-campus travel/transportation, field trips, sporting events and other school sponsored activities, some of which activities involve a heightened risk of injury and/or reduced level of supervision. While I/we understand that the School will attempt to exercise reasonable diligence to ensure the safety of my/our child in general, I/we understand that the level of supervision of specific activities and travel may be limited, and it is not practical for the School to provide continuous supervision of all activities at all times. I/we understand that there are inherent risks of serious bodily injury and property damage involved in all of the above activities and travel. On behalf of my/our child, I/we voluntarily assume and accept such risks of personal injury and property damage arising from my/our child's attendance and participation in such activities and travel. I/we also agree to assume financial responsibility for emergency care and services for my/our child, including rescue and transportation services. This express assumption of risk, however, does not apply to liability for gross negligence or intentional injury, and is not intended to apply to the School's insurer or non-agent, third parties. This consent shall remain effective for one full year from the date of its execution.



DATE

Signature (s) of parent(s) or guardian(s)

9th - 12th GRADES ONLY: OFF CAMPUS AUTHORIZATION

I, the undersigned _____ parent of _____ in the _____ grade, give my son/daughter permission to leave the campus during recess (10:05-10:20) and/or the lunch break (12:10-1:00pm) and/or 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)

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