

STUDENT EMERGENCY CARD

THIS DOCUMENT MUST BE FILLED-OUT COMPLETELY AND SIGNED

*NOTE: If your child is absent OR you know in advance that your child will miss **SUMMER ADVENTURE** days, please notify the office. Thank you.*

PLEASE PRINT ALL INFORMATION

Student's last name _____ First name _____ Middle initial _____

Address _____ Home phone _____

City _____ State _____ Zip code _____

Mother/Guardian's name _____ Business phone _____ Cell phone _____ Email _____

Mother/Guardian's business address _____ Name of business _____

Father/Guardian's name _____ Business phone _____ Cell phone _____ Email _____

Father/Guardian's business address _____ Name of business _____

When parent(s) or guardian(s) cannot be reached, the office should contact and may release my child to the following:

1. _____
Name Address Phone number

2. _____
Name Address Phone number

List below (1) any medications being taken and when **AND** (2) any medical conditions, i.e., allergies, physical conditions:

Signature of Parent or Guardian _____ Print name _____ Date _____

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in the **SUMMER ADVENTURE** program from
Name of minor

June 30 – July 28, 2011, at Franklin Elementary School, Lincoln Middle School and/or Webster Elementary School from 8:30am to 12:30pm daily. I (we) as parent(s) or guardian(s) of the minor, do hereby, for my (our)

_____, myself, my (our) heirs, executors and administrators, remise, release and forever
Son, Daughter
discharge the Santa Monica-Malibu Council of PTAs and the California Congress of Parents, Teachers and Students, Inc., (California State PTA) and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) _____ and that his/her date of birth is _____, and I (we) do hereby certify that to the

Son, Daughter
best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. If none, please write the word "NONE."

___ **I do not** give the **SUMMER ADVENTURE** staff permission to photograph my child during the summer activities, for
publicity use only, by the SM-M Council of PTAs and/or SM-M Education Foundation.

1. _____
Signature of Parent or Guardian Print name Relationship

2. _____
Signature of Parent or Guardian Print name Relationship