STUDENT EMERGENCY CARD

THIS DOCUMENT MUST BE FILLED-OUT COMPLETELY AND SIGNED. 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 | Mobile phone | Email

Mother/Guardian's business address | Name of business

Father/Guardian's name | Business phone | Mobile 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:

1. Name | Address | Phone number

2. Name | Address | Phone number

List below <u>any medications</u> currently being taken by student and <u>when</u>:

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in the **SMMEFHSS** program from June 26-August 7, 2008 at Santa Monica High School from 8:00am to 12:30pm daily. I (we) as parent(s) or guardian(s) of the minor, do hereby, for my (our) son/daughter, myself, my (our) heirs, executors and administrators, remise, release and forever discharge the Santa Monica-Malibu Education Foundation and any officers, employees and agents 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) son/daughter and that his/her date of birth is _____, and I (we) do hereby certify that to the 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 give the SMMEFHSSS staff permission to photograph my child during the summer activities for publicity use only by the Santa Monica-Malibu Education Foundation. ____ Yes _____No

Signature of Parent or Guardian | Print name | Relationship

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