

# Zion Lutheran School [ES] & Summer Day Camp (SDC) 2020

Student Information and Emergency Card 222 N. East Street, Anaheim, CA 92805 (714) 535-3600, ext. 501

**PLEASE WRITE IN BLACK OR BLUE INK – THANK YOU!**

|   |            |                                     |   |       |                    |                                     |
|---|------------|-------------------------------------|---|-------|--------------------|-------------------------------------|
| STUDENT LAST NAME                                     | FIRST NAME | MIDDLE NAME                         | GOES BY   | SEX   | GRADE IN FALL 2020 | BIRTHDAY / /                        |
| ADDRESS   |            | CITY                                |   | STATE | ZIP CODE           | HOME PHONE ( )                      |
| FATHER'S FIRST AND LAST NAME (Guardian if applicable) |            | LIVES WITH CHILD<br>[ ] Yes; [ ] No | MOTHER'S FIRST AND LAST NAME (Guardian if applicable) |       |                    | LIVES WITH CHILD<br>[ ] Yes; [ ] No |
| MOBILE PHONE NUMBER<br>( )                            | EMAIL      |                                     | MOBILE PHONE NUMBER<br>( )                            | EMAIL |                    |                                     |
| EMPLOYER / CITY                                       |            | OCCUPATION                          | EMPLOYER / CITY                                       |       |                    | OCCUPATION                          |
| WORK PHONE NUMBER<br>( )                              |            | WORKING HOURS                       | WORK PHONE NUMBER<br>( )                              |       |                    | WORKING HOURS                       |
| ADDITIONAL MAILING ADDRESS [ ] Father, [ ] Mother     |            |                                     |   |       |                    |                                     |

I give consent for the following people to pick-up my child from Summer Day Camp (must be 18 years or older):

|   |         |              |                     |
|---|---------|--------------|---------------------|
| FIRST AND LAST NAME   | ADDRESS | RELATIONSHIP | PHONE NUMBER<br>( ) |
| FIRST AND LAST NAME   | ADDRESS | RELATIONSHIP | PHONE NUMBER<br>( ) |
| FIRST AND LAST NAME   | ADDRESS | RELATIONSHIP | PHONE NUMBER<br>( ) |
| [ ] A check here indicates there is a court order on file at SDC restricting who may pick up the child from SDC (unless there is a order on file, either parent may pick up the student from SDC) |         |              |                     |

|  |         |              |                     |
|--|---------|--------------|---------------------|
| Out-of-state contact (in case of disaster) |         |              |                     |
| FIRST AND LAST NAME                        | ADDRESS | RELATIONSHIP | PHONE NUMBER<br>( ) |

#### EMERGENCY MEDICAL INFORMATION

|   |         |                     |                       |
|---|---------|---------------------|-----------------------|
| If my child becomes ill or has an accident and I cannot be reached, I authorize emergency treatment by any licensed physician or hospital. I will pay medical fees not covered by school insurance. |         |                     |                       |
| [ ] Yes, PLEASE INITIAL _____; [ ] No   |         |                     |                       |
| If No, please explain...  |         |                     |                       |
| MEDICAL INSURANCE PROVIDER  |         |                     | POLICY NO / GROUP NO. |
| FAMILY PHYSICIAN'S FIRST AND LAST NAME  | ADDRESS | PHONE NUMBER<br>( ) |                       |

#### HEALTH INFORMATION

|  |              |  |               |                      |                |                   |                          |
|--|--------------|--|---------------|----------------------|----------------|-------------------|--------------------------|
| ANY DIAGNOSED MEDICAL PROBLEMS OR CONDITIONS: (please circle)  |              | Asthma   | Diabetes      | Epilepsy             | ADD            | ADHD              | Other, explain:          |
| ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS AND SEVERITY   |              |  |               |                      |                |                   | DATE OF LAST TETANUS / / |
| ROUTINE MEDICATIONS (Note: In order to dispense medication, an Authorization for Medical Administration Form must be on file in the Elementary School and SDC offices (Education Code 49423) |              |  |               |                      |                |                   |                          |
| ANY PHYSICAL LIMITATIONS OR ACTIVITY RESTRICTIONS  |              | ANY VISION OR HEARING PROBLEMS [ ] Known hearing loss; [ ] Corrective lenses |               |                      |                |                   |                          |
| MY CHILD IS ABLE TO SWIM (PLEASE CIRCLE)   |              | MY CHILD IS ALERGIC TO BEE STINGS (PLEASE CIRCLE)                            |               |                      |                |                   |                          |
| Advanced   | Intermediate | Beginner   | Does not swim | HAS NEVER BEEN STUNG | YES (allergic) | NO (not allergic) |                          |

#### OTHER RELEASES

[ ] Yes, [ ] No I give permission for the above medical information to be shared with appropriate school personnel. I understand that it is my responsibility to communicate the details of medical issues.

[ ] Yes, [ ] No I give permission for photographs of my child to be used in newsletters or other media in connection with SDC activities (web-based newsletter sent by electronic mail)

[ ] Yes, [ ] No I have read the SDC information pertaining to on and off-campus activities and my/my child's responsibilities pertaining to beach days. I have discussed these with my child and I will do everything within my power to communicate any special concerns or needs to the SDC staff members.

[ ] Yes, [ ] No I give permission for my child to ride on a bus to and from supervised SDC trips with his/her class [as noted on my authorized SDC contract].

[ ] Yes, [ ] No I understand that this authorization may be photocopied with the original kept in the SDC office.

FATHER'S / GUARDIAN'S SIGNATURE

DATE

MOTHER'S / GUARDIAN'S SIGNATURE

DATE