Zion Lutheran School [ES] & Summer Day Camp (SDC) 2019

Student Information and Emergency Card 222 N. East Street, Anaheim, CA 92805 (714) 535-3600, ext. 136

PLEASE WRITE IN BLACK OR BLUE INK – THANK YOU!

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	GOES BY	SEX	GRADE IN FALL 2019	BIRTHDAY

ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE
				( )

FATHER'S FIRST AND LAST NAME (Guardian if applicable)	LIVES WITH CHILD ☐ Yes; ☐ No	MOTHER'S FIRST AND LAST NAME (Guardian if applicable)	LIVES WITH CHILD ☐ Yes; ☐ No

MOBILE PHONE NUMBER	EMAIL	MOBILE PHONE NUMBER	EMAIL
( )		( )	

EMPLOYER / CITY	OCCUPATION	EMPLOYER / CITY	OCCUPATION

WORK PHONE NUMBER		WORKING HOURS	WORK PHONE NUMBER		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
			( )
			( )
			( )

☐ **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
			( )

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
		( )

HEALTH INFORMATION

ANY DIAGNOSED MEDICAL PROBLEMS OR CONDITIONS: (please check) ☐ 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 Check)	MY CHILD IS ALERGIC TO BEE STINGS (PLEASE Check)
☐ 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