

**UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTACT
RELEASE AND CONSENT FORM**

MISSION DOLORES SCHOOL
EXTENDED CARE PROGRAM
2010-2011

Please **PRINT** all information.

| | | |
|---|--|---------------|
| NAME OF STUDENT: (Last, First, Middle) | | GRADE |
| Student Address | | (Apt. Number) |
| City | | Zip Code |
| Home Telephone | | |

Siblings at Mission Dolores School

| | |
|------|-------|
| Name | Grade |
| Name | Grade |
| Name | Grade |

Parent /Guardian Information

| | |
|--|-------|
| NAME: (Last, First) | |
| Relationship to child: | |
| Address (if different from child's) | |
| (Apt. Number) | |
| City | |
| Zip Code | |
| Home Telephone (if different from child's) | |
| Mobile Phone | email |
| Employer's Name | City |
| Work Number | |

Parent /Guardian Information

| | |
|--|-------|
| NAME: (Last, First) | |
| Relationship to child: | |
| Address (if different from child's) | |
| (Apt. Number) | |
| City | |
| Zip Code | |
| Home Telephone (if different from child's) | |
| Mobile Phone | email |
| Employer's Name | City |
| Work Number | |

UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTACT
RELEASE AND CONSENT FORM

EMERGENCY CONTACTS

| NAME | MOBILE PHONE | HOME PHONE | WORK PHONE |
|------|--------------|------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

STUDENT MEDICAL INFORMATION

| | |
|---------------------|---------|
| Primary Physician | Address |
| Telephone Number | City |
| Emergency Physician | Address |
| Telephone Number | City |

| | |
|---|-----------------------------|
| Medical Conditions (e.g. asthma, diabetes, epilepsy, heart conditions, etc.) | |
| Disabilities: | |
| Allergies (e.g. hay fever, strawberries, peanuts, etc.) | |
| Allergies to medication: | |
| Medications: | |
| Medicines to be self-administered by child: | |
| Dosage: | Frequency: |
| Medicines to be administered by school personnel (if parents/guardians and school both agree that school shall do so) | |
| Dosage: | Frequency: |
| DATE: | SIGNATURE (PARENT/GUARDIAN) |
| RELATIONSHIP TO CHILD : | PRINT NAME |