

SIERRA VISTA MIDDLE SCHOOL - 2009 SUMMER SCHOOL REGISTRATION/EMERGENCY CARD

PRINT ALL INFORMATION CLEARLY. Turn card in to SVMS office by May 15th

Last Name First Name M.I. Male Female Student ID Number

Grade Level **Next** Year: 7 8 (Circle One) _____
Birth Date (month-day-year) Current School of Attendance

Home Address City Zip Home Telephone

Father/Guardian's Name Father's Daytime Phone Cell/Page Phone

Mother/Guardian's Name Mother's Daytime Phone Cell/Page Phone

List anyone who, by court decree, is restrained from picking up your student _____

List two people whom we may contact in the event that we cannot reach parents, and to whom we can release student.

Name Home Telephone Work Telephone

Name Home Telephone Work Telephone

Completed card received	
_____	_____
Date	By

Medical center or physician authorized for emergencies **(MUST be complete)**

Name Address Telephone

RELEASE FROM LIABILITY & CONSENT FOR TREATMENT: I agree to indemnify and hold harmless Irvine Public Schools Foundation and Irvine Unified School District and their officers, agents or employees from any liability claim or action resulting from or in any way arising out of the participation in this activity by the registered person. I consent to treatment of my minor son/daughter with any and all medical care deemed necessary by a qualified physician and to pay any and all medical costs incurred as a result of said treatment.

Parent/Guardian Signature Date Check amount: _____ Check Number: _____ Date: _____

NOTE: If there are specific issues related to your child's health or learning about which we should be aware, please attach an explanation to this card.

