

## **Carden School of Fresno Emergency Consent and Release**

Student Name:(Please print)	Gra	de: Birth da	ate:
(Please print) Student Address:			
Student Address.			
Emergency Contacts: (Provide at least	three)		
Person to be notified			
Preferred title: Dr. Mr. Miss	Mrs. Other	Please specify who to con	tact 1, 2, 3, etc.
Mother's Full Name (1, 2, or 3?)	Work#	Cell#	Home#
Address		Email Address	
Preferred title: Dr. Mr. Miss	Mrs. Other	Please specify who to con	tact 1, 2, 3, etc.
Father's Full Name (1, 2 or 3?)	Work#	Cell#	Home#
Address	Email Address		
Relative/Friend (1, 2 or 3?)	Work#	Cell#	Home#
Physician's Name:		Phone:	
Insurance Carrier:	Insurance Policy Number:		
Name of insured:			
Special condition or allergies:			
Circle information as it applies: Inhaler/ EpiPer are required before a student may attend classes		Current medical forms for all	ergies or medical conditions
Liability Release In consideration of my child(ren) being permitted to release and discharge in advance, the School, their property damage connected with my child's participate.	officers, employees, and agent		
Medical Treatment Consent Should it be necessary for my child to receive emer and agents to use their judgment in obtaining such to render such emergency treatment to my child, as hospital costs shall be my responsibility.	treatment for my child. I furthe	er authorize any individual selec	cted by Carden School of Fresno
Parent/Guardian Signature		Da	ite
Parent/Guardian Signature			ute

(over)

Students will only be released to pare notify the office in advance. Persons	•	
Name	Relation	Phone
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Extended School Day		
I have read the stipulations concerning the Procedures Handbook and the medical release welfare.		
Parent/Guardian Signature	Date	
Release of Photographs		
I hereby give permission for photographs of m publication in the school yearbook, promotion		
Parent/Guardian Signature	Date	<del></del>