FAIRMONT™
PRIVATE SCHOOLS

EMERGENCY INFORMATION
SUMMER 2010

Please list the phone numbers you wish us to CALL FIRST in the event of an injury, illness, emergency, etc. **Date** ______________

EMERGENCY PHONE: (______) _______-_____________ Name___________________________ Relation ______________________

EMERGENCY PHONE: (______) _______-_____________ Name___________________________ Relation ______________________

Student ID# ____________________________ **Campus student will be attending** ☐ **AH** ☐ **CT** ☐ **EW** ☐ **ME** ☐ **PREP** ☐ **FIA**

Student's Legal Last Name	Student's Legal First Name & Middle Name		Grade Entering	Male ☐ Female ☐
Home Street Address				Date of Birth
City	State	Zip Code	Home Phone with Area Code	

Student Ethnicity: *(Optional)* ☐ African American ☐ Arab ☐ Caucasian ☐ Chinese ☐ Filipino ☐ Hispanic ☐ Indian ☐ Japanese ☐ Korean ☐ Pakistani ☐ Vietnamese ☐ Other: ______________________

Sibling's name ________________________________ Campus sibling attends ____________________________________

Sibling's name ________________________________ Campus sibling attends ____________________________________

Sibling's name ________________________________ Campus sibling attends ____________________________________

Student lives at the address above with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Other __________

Student's parent(s) are: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

Father/Guardian Name ☐ Mr. ☐ Dr.

____

☐ Check if home address is same as student's address

Home Address ____________________________________

City ____________________State________Zip__________

Home Phone ________________Cell _________________

Primary Email ____________________________________

Father/Guardian Employer

____

Title ____

Business Address _________________________________

City ____________________State________Zip__________

Work Phone ______________________________________

Mother/Guardian Name ☐ Mrs. ☐ Ms. ☐ Dr.

____

☐ Check if home address is same as student's address

Home Address ____________________________________

City ____________________State________Zip__________

Home Phone ________________Cell _________________

Primary Email____________________________________

Mother/Guardian Employer

____

Title ____

Business Address _________________________________

City ____________________State________Zip__________

Work Phone ______________________________________

Last Name: ____________

First Name: ____________

DISASTER PREPAREDNESS - The Department of Social Services has requested that the following information be kept on file in the event of a disaster. Please give the school (and carry for yourself) a phone number for an out of state/area relative or friend. The school can communicate with this contact in the event that you, the parent or guardian, cannot be reached. Out of state/area adult to be contacted:

Name	Address	Relationship	Telephone

A second name may be designated (optional). Second out of state/area adult to be contacted:

Name	Address	Relationship	Telephone

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ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name	Address	Relationship	Telephone
Name	Address	Relationship	Telephone

AUTHORIZED PERSONS TO TAKE CHILD FROM FACILITY OR EXTENDED DAY CARE

Name	Address	Relationship	Telephone
Name	Address	Relationship	Telephone

PERSONS *NOT AUTHORIZED* TO TAKE CHILD FROM FACILITY OR EXTENDED DAY CARE

Name	Address	Relationship	Telephone
Name	Address	Relationship	Telephone

AUTHORIZATION FOR TREATMENT OF A MINOR - EMERGENCY INFORMATION

Physician's Name	City	Telephone	Fax
Dentist's Name	City	Telephone	Fax
Insurance Carrier	Policy #	ID #	
Specific information (allergies, medications, medical problems, etc.):			
Any disability we should be aware of:			

I (We), the undersigned parent(s)/guardian(s) of ______________________________ a minor, do hereby authorize FPS, its adult agents and employees, into whose care said minor has been entrusted, while traveling to and from school, while attending FPS and field trips and outings sponsored by FPS, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and it is given to provide authority and power on the part of FPS, its adult agents and employees to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his or her best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I (We) agree to pay all medical expenses for my son/daughter not covered by insurance.

NOTICE OF ADDRESS CHANGE: If you move, you must submit a notice within 10 days of the change of address to your school official.

FIELD TRIPS: I (We) consent for my (our) child to take supervised field trips and further agree to hold harmless FPS for any action not caused by a deliberate or negligent act for injuries to my (our) child. Individual forms may also be required for each field trip.

SIGNATURE REQUIRED
The undersigned is/are a person(s) having legal custody of, or is/are the legal guardian(s) of said minor and acknowledges the above information is correct and complete; and that my (our) email address(es) may receive periodic Fairmont communications.

Both signatures are required (if applicable):

______________________________ ______________________________
Mother/Guardian's signature Date Father/Guardian's signature Date