SANTA MONICA-MALIBU COUNCIL OF PTAs 1651 Sixteenth Street Santa Monica, CA 90404

STUDENT EMERGENCY CARD

THIS DOCUMENT MUST BE FILLED-OUT COMPLETELY AND SIGNED

*NOTE: If your child is absent OR you know in advance that your child will miss **SUMMER ADVENTURE** days, please notify the office. Thank you.*

PLEASE PRINT ALL INFORMATION

_____
Student's last name First name Middle initial

_____ _____
Address Home phone

_____
City State Zip code

_____ _____ _____ _____
Mother/Guardian's name Business phone Mobile phone Email

_____
Mother/Guardian's business address Name of business

_____ _____ _____ _____
Father/Guardian's name Business phone Mobile phone Email

_____
Father/Guardian's business address Name of business

When parent(s) or guardian(s) cannot be reached, the office should contact and may release my child to the following:

1. _____ _____
Name Address Phone number

2. _____ _____
Name Address Phone number

List below (1) any medications being taken and when **AND** (2) any medical conditions, i.e., allergies, physical conditions:

_____

_____ _____
Signature of Parent or Guardian Print name Date

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in the **SUMMER ADVENTURE** program from
Name of minor
June 29 – July 24, 2009, at Will Rogers Elementary School, John Adams Middle School and/or Webster Elementary School from 8:30am to 12:30pm daily. I (we) as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____, myself, my (our) heirs, executors and administrators, remise, release and forever
Son, Daughter
discharge the Santa Monica-Malibu Education Foundation and Santa Monica-Malibu Council of PTAs and the California Congress of Parents, Teachers and Students, Inc., (California State PTA) and all Education Foundation and PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) _____ and that his/her date of birth is _____, and I (we) do hereby certify that to the
Son, Daughter
best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. If none, please write the word "NONE."

_____

I give the **SUMMER ADVENTURE** staff permission to photograph my child during the summer activities, for publicity use only by the Santa Monica-Malibu Council of PTAs and/or Santa Monica-Malibu Education Foundation. ☐ Yes ☐ No

1. _____
Signature of Parent or Guardian Print name Relationship

2. _____
Signature of Parent or Guardian Print name Relationship