

ALHAMBRA EDUCATIONAL FOUNDATION
EMERGENCY INFORMATION
(PLEASE PRINT)

STUDENT I.D. # _____
BOY _____ GIRL _____

LAST _____ FIRST _____ MIDDLE _____ BIRTHDATE _____ GRADE _____
HOME LANGUAGE (check ✓): English Spanish Chinese Vietnamese Other _____

	NAME	HOME ADDRESS	AREA CODE/HOME PHONE
Father			()
Cell Phone #: ()		E-Mail Address	
Mother			()
Cell Phone #: ()		E-Mail Address	
Guardian			()
Cell Phone #: ()		E-Mail Address	
	WHERE EMPLOYED	BUSINESS ADDRESS	AREA CODE/BUS. PHONE
Father			()
Mother			()
Guardian			()
Business E-Mail Address (check: Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>			

In the event of an emergency, injury or illness, should the school be unable to contact a parent or guardian at home or work, I authorize my child to be released to the following individual(s):
(PLEASE PRINT)

NAME/RELATIONSHIP	ADDRESS	AREA CODE/HOME PHONE	AREA CODE/BUS. PHONE
		()	()
		()	()

I authorize emergency diagnosis and treatment when my child is seriously ill or injured during regular school hours and/or school sponsored activities requires medical treatment by a licensed physician and/or hospital, and will assume financial responsibility for care if my medical advisor or I are unavailable.

Medical Advisor _____
Address _____ Phone () _____
Is your child taking any medication? YES NO
Name of medication _____
Additional health information _____
Allergies _____

I have read and will abide by the rules and procedures listed in this enrollment document relative to participation in the Alhambra Educational Foundation Summer School Academy.

Date _____ Signature of Parent(s)/Guardian(s) _____
Signature of Student _____