

# STUDENT HEALTH FORM

[One form per child]

This form is required for children under age 18 to attend Papalote Spanish Group classes without an accompanying parent/guardian. It must be completed and returned in order for your child to participate.

I authorize appropriate personnel to secure for \_\_\_\_\_ the services of emergency transportation, a physician, a dentist, or a hospital in the event of accident or illness. I will be responsible for payment of all services. This consent for treatment is in effect only during the actual program hours and dates that the above named child is participating in Papalote Spanish Group classes.

If deemed advisable by the program staff, I hereby give my permission to provide the needed emergency treatment prior to the child's admission to the medical facility.

Yes, I give my permission.

No, I do not give my permission.

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Parent/Guardian Signature	Parent/Guardian Printed Name	Date
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Student Name: \_\_\_\_\_ Birth Date:     /     /     Gender: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name [1]: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name [2]: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Special medical information about the child that would be helpful to staff:

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IN EMERGENCY, if unable to reach parent or guardian, contact:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I verify that the information on this form is correct. I also give my permission for this Student Health Form and the information and consent for treatment to remain in effect during the actual program hours and dates of the current program. I understand that if a change occurs I will need to complete a new Student Health Form.

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Parent/Guardian Signature	Date
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