

2007-2008 San Marino High School Information Sheet

ID# _____

(Last Name)	(First Name)	(DOB)	(Grade)	(Counselor)
()				
(Address) <input type="checkbox"/> Please check if new address	(City)	(Zip Code)	(Area) Home Phone	
I am living with: <input type="checkbox"/> Father <input type="checkbox"/> Guardian		I am living with: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Print Father/Guardian Name		Print Mother/Guardian Name		
Name of Company	Occupation	Name of Company	Occupation	
()	()	()	()	
Business Phone	Cell Phone	Business Phone	Cell Phone	
E-Mail Address		E-Mail Address		

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for or take care of my child: (Please note: We cannot release your child to anyone unless their name is listed below. Please list names of housekeeper and anyone free and willing to pick up your child. List at least 3 contacts.)

Name _____	Phone #_(_____)_____
Name _____	Phone #_(_____)_____
Name _____	Phone #_(_____)_____
Name _____	Phone #_(_____)_____

Student may not be released to _____

Parent/Guardian Signature _____ Date _____

CONSENT FOR RENDERING OF MEDICAL SERVICES

In case of illness, accident or emergency and when the school is unable to contact us, we, the undersigned parents (guardians) of: _____ date of birth _____, a student of the San Marino Unified School District (Name of Student) hereby consent to the giving of any and all emergency, medical, hospital and surgical care to said student that may be deemed necessary by any physician or hospital or any official of the San Marino Unified School District without obtaining further consent.

Parent/Guardian Signature _____ Date _____

Doctor's Name _____ Phone#_(_____)_____

Hospital of your choice _____

List any pertinent health information (Allergies – Medications etc.):
