

KIDS KAMPUS ACADEMY
5190 Front Street Rocklin, California 95677
1.916.630.8576

Teacher's Emergency Information Card

Authorization for Consent to Emergency Medical Treatment for Students

Student Name: _____ Birthday: _____
Parents Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Alternate Authorized Adult: _____ Relationship to Child: _____
Address: _____ Home Phone: _____
Home Phone: _____ Work Phone: _____ Cell #: _____

Physician: _____ Phone: _____
Name of Insurance _____ Insurance ID No. _____
Special Medical Consideration: _____
What is the plan for when the child becomes ill or injured while at school: _____

I hereby consent "**Kids Kampus Academy**", through the adult into whose care said student has been entrusted to any, emergency examination. Medical diagnosis or treatment and hospital care for him/her, under supervision of by licensed physician under the Medical Practice Act. It is understood that the authority is given in advance of the need for any diagnosis treatment or hospitalization. Pursuit to, section 25.8 of the California Civil Code. The authorization shall remain effective through the enrollment of the child to the school.

Signature of Parent or Guardian

Date

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