School Year ____ - ____

Fort McDowell Yavapai Nation

Education Division

P.O. Box 17779 Fountain Hills, AZ 85269-7779
(480) 789-7105

Child's Name _____ Date of Birth _____ ☐ M ☐ F

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ Date _____

Mother/Guardian	Father/Guardian
Home Address	Home Address
Workplace	Workplace
Cell/Home Phone _____ Work Phone _____	Cell/Home Phone _____ Work Phone _____

In case of Emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

1. Name _____
Address _____
Telephone _____

2. Name _____
Address _____
Telephone _____

3. Name _____
Address _____
Telephone _____

4. Name _____
Address _____
Telephone _____

Medical Information

1. Is your child allergic to any food(s) or other substances? If so, name food(s) or substances to be avoided and procedures to follow if a reaction occurs: _____

   _____

2. Is your child unusually susceptible to infections, and is so, what precautions need to be taken? _____

   _____

Medical information continued

3. Is your child subject to having seizures and what should be our procedure if one occurs?

   _____
   _____

4. Is there any physical condition we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, etc.)?

   _____
   _____

5. Additional comments regarding health:

   _____
   _____

6. Other special instructions:

   _____
   _____
   _____
   _____

If medical care is necessary, call the following:

DOCTOR: _____ Address: _____

Phone: _____

HOSPITAL: _____ Address: _____

Phone: _____

In case of injury or sudden illness, call _____ first. Be it known that in the event that I cannot be reached, I the undersigned parent or guardian of the child named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said child as, in the judgment of said doctor or hospital may be required on an emergency basis, in the event said child should be injured or stricken ill while participating in an activity sponsored by the above named program.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year and summer school.

It is further understood that any expenses incurred will be paid for by the parent/legal guardian of the student and their insurance carrier. Payment of the expense is not a school/daycare center responsibility.

_____ _____

Parent/Guardian Signature Date