

California Mini-Corps



MIGRANT STUDENT EMERGENCY FORM

STUDENT DATA

Birth date: ____ / ____ / ____

Student's Last Name: _____ First name: _____ Initial: _____

Student's Address: _____

First and Last Name of Parent(s) or Legal Guardian: _____

Please list three(3) telephone numbers where you can be reached in case of an emergency:

() _____ () _____ () _____

MEDICAL HISTORY

If your child has Medical Insurance/Medi-Cal, please indicate

Parent/Guardian Health Insurance/Medical: _____ Policy number: _____

Family Doctor: _____ Address: _____ Telephone #: _____

Allergies: Yes No If yes, please specify: _____

Specific condition or health problem: _____
(Asthma, recent surgery, etc.)

Name(s) of medications your son/daughter is taking now: _____

Has your child had a tetanus shot within the last 10 years? Yes No Child wears: glasses contact lenses hearing aid(s)

In order to assist your child, please answer the following:

Yes	No		Other health factors that may affect the care of your child:
<input type="checkbox"/>	<input type="checkbox"/>	Child walks in sleep	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child wets bed at night	_____
<input type="checkbox"/>	<input type="checkbox"/>	Daughter has begun menstrual period	_____

CONDITIONS OF ACCEPTANCE

If a serious medical emergency arises, it may be necessary for a physician to attend your child before the **Migrant Education Program/Mini-Corps Outdoor Education Program staff** can contact the parent or legal guardian. Such medical care can be provided **only** if you as the parent/legal guardian, sign the following **authorization**. The statement below must be **read** and **signed** before your child can be accepted as a participant in the **Mini-Corps Outdoor Education Program**.

Consent to Treat

In the event of illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physicians or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

A special note to parents/guardians in accordance with Ed. Code Section 49423:

- Check here if your child has special needs that the staff should be aware of and if there are any medications that are required at camp.
- All medications must be registered on this form with a physician's written instructions on dispensing. _____

NOTE: All prescriptions, except those, which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

I fully understand that participants are to abide by all the rules and regulations governing conduct during camp. Any violation of these rules and regulations may result in the camp administrator contacting the parents and arranging transportation home for that child at his/her and/or parents' expense.

Signature of Parent or Legal Guardian _____

Date _____

Name of Summer School: _____

MSRTS # of Student: _____

Name of Migrant Contact Person and Telephone Number _____

Distribution: Original – Mini-Corps Camp Staff Canary – Migrant Ed. Staff Pink – Parent/Guardian