



# Carden School of Fresno Emergency Consent and Release

CARDEN SCHOOL  
OF FRESNO

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Please print)

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

### Emergency Contacts: (Provide at least three)

#### Person to be notified

Preferred title: Dr.  Mr.  Miss  Mrs.  Other  Please specify who to contact 1, 2, 3, etc.

Mother's Full Name (1, 2, or 3?) Work# Cell# Home#

Address Email Address

Preferred title: Dr.  Mr.  Miss  Mrs.  Other  Please specify who to contact 1, 2, 3, etc.

Father's Full Name (1, 2 or 3?) Work# Cell# Home#

Address Email Address

Relative/Friend (1, 2 or 3?) Work# Cell# Home#

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

### Special condition or allergies:

\_\_\_\_\_  
\_\_\_\_\_

Circle information as it applies: Inhaler/ EpiPen in office/ classroom. Note: Current medical forms for allergies or medical conditions are required before a student may attend classes.

#### Liability Release

In consideration of my child(ren) being permitted to attend Carden School of Fresno, I agree to assume all risks connected therewith. I agree to release and discharge in advance, the School, their officers, employees, and agents from any and all liability for personal injury, death, or property damage connected with my child's participation in school activities.

#### Medical Treatment Consent

Should it be necessary for my child to receive emergency medical treatment, I hereby authorize Carden School of Fresno employees, officers, and agents to use their judgment in obtaining such treatment for my child. I further authorize any individual selected by Carden School of Fresno to render such emergency treatment to my child, as he/she may deem necessary and appropriate. I understand that any and all medical and/or hospital costs shall be my responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(over)

**Students will only be released to parents and persons listed below unless a parent or legal guardian notify the office in advance. Persons other than parents authorized to pick up my child are:**

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Extended School Day**

I have read the stipulations concerning the Extended School Day program in the Student/Parent Honor Code Policies and Procedures Handbook and the medical release form and I agree to abide by the rules, which have been designed for my child's welfare.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Release of Photographs**

I hereby give permission for photographs of my child taken while a student at Carden School of Fresno to be released for publication in the school yearbook, promotional materials, newsletter, or on the school website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby give permission for my email address and phone number to be given to my child(ren's) room parent(s) for the purpose of contacting me for school sponsored events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date