

Saddleback Valley Unified School District, Expanded Learning Services
EMERGENCY / MEDICAL RELEASE FORM - TLC 2024/2025

Child's Name _____
Last First M.I.

Parent or Guardian Names _____

Child's Home Address _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

Birthdate _____ Sex _____ Age _____ Grade _____ Teacher _____

School _____

Special Alert- Allergies _____ Epi Pen _____ Inhaler _____

Legal Documents on File (i.e. restraining order, custody, etc.) _____

Persons other than parents who are authorized to sign out child or to be called in an emergency:

Name	Residing City	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Out of State Contact- Name _____ Phone _____

Note: 911 will be called in an emergency

Doctor's Name _____

Address _____ Phone _____

Current Medications _____

Admin. of Medicine form completed Y N (please see office staff)

Medical Conditions (i.e. allergies, epilepsy, motion sickness, etc.) _____

Hospital Preference _____

Consent to Treat a Minor

The above participant has my permission to engage in all program activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the program staff to hospitalize and secure proper treatment for my child. If an ambulance needs to be called, the program staff has my permission.

Printed Name _____ Signature _____ Relationship to child _____ Date _____

Wet signature required - Please sign after printing.