



## Instilling Goodness Developing Virtue School

2001 Talmage Rd. Ukiah, CA 95482

Boys Division (707) 468-1138 dvbs@drba.org

Girls Division (707) 468-3847 dvgs@drba.org

### CONSENT FOR EMERGENCY MEDICAL TREATMENT & PROGRAM PARTICIPATION

In accordance with the provisions of Section 25.8 of the California Civil Code, I hereby authorize Instilling Goodness Elementary School / Developing Virtue Secondary School to obtain medical, dental, and hospital care for my child \_\_\_\_\_ in the event of injury or illness while my child is in the care of these schools. I understand and agree that I am financially responsible for any care or services provided. I hereby waive all liability of the schools for any and all accidents, mishaps, or other injuries not covered by current insurance.

I also grant permission for my child to participate in all field trips and activities offered by the school in which my child is enrolled. If my child is a day student, I agree to drop off and pick up my child promptly on the days and times scheduled. I understand that the school cannot assume responsibility for children remaining on campus before or after program hours. In case my child is ill or cannot attend, I agree to notify the school on the same day. I understand that unexcused or excessive absences may result in suspension and/or expulsion.

#### STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### HEALTHCARE PROVIDER INFORMATION

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Insurance Plan: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

#### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_