

FAIRFIELD GONZALES COMMUNITY ASSOCIATION'S OUT TRIP INFORMATION CARD

Child's Last Name _____ First Name _____
MED# _____ Gender: ___M___F Birth Date: _____ (mm/dd/yy)

Any persons denied access: _____
(Please note we must have legal access documents on file to ensure custody orders are followed correctly)

SEVERE ALLERGIES OR MEDICAL CONDITIONS _____

Legal Parent/Guardian _____ WK# _____ Cell # _____
Address _____ HM# _____ Pager# _____

Legal Parent/Guardian _____ WK# _____ Cell # _____
Address _____ HM# _____ Pager# _____

OTHER ADULTS (19+ YEARS OF AGE) AUTHORIZED FOR PICK UP

NAME _____	Relationship _____	WK# _____	Cell # _____
NAME _____	Relationship _____	WK# _____	Cell # _____
NAME _____	Relationship _____	WK# _____	Cell # _____

FIRST TO CALL IN EMERGENCY WHEN PARENT/GUARDIAN NOT AVAILABLE:

NAME _____ (Relation _____) PH#s _____ WK# _____
Family Physician NAME _____ PH#s _____

****PARENTS ARE RESPONSIBLE FOR UPDATING EMERGENCY INFORMATION****

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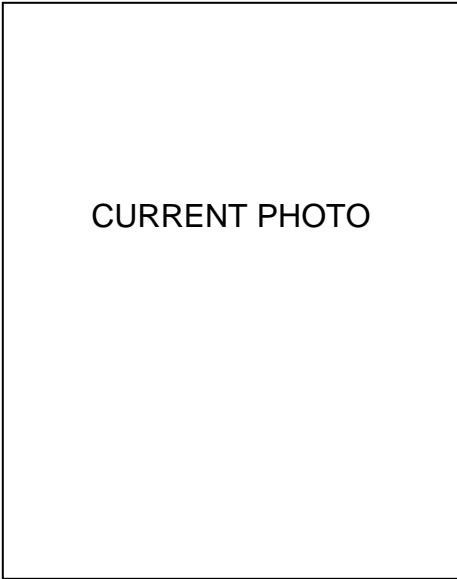
NAME _____ (Relation _____) PH#s _____ WK# _____
Family Physician NAME _____ PH#s _____

****PARENTS ARE RESPONSIBLE FOR UPDATING EMERGENCY INFORMATION****

CONSENT FORM

It is the policy of this facility to notify a parent when a child is ill or needs Medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

1. I hereby give consent for my child _____ to be taken to the nearest emergency centre and receive medical treatment.
2. I hereby give my consent for a FGCA staff member to call a medical practitioner or ambulance for my child in the case of accident or illness. Any expenses incurred in such an event are solely my responsibility.



PRINTED NAME OF LEGAL PARENT/GUARDIAN

SIGNATURE OF LEGAL PARENT/GUARDIAN

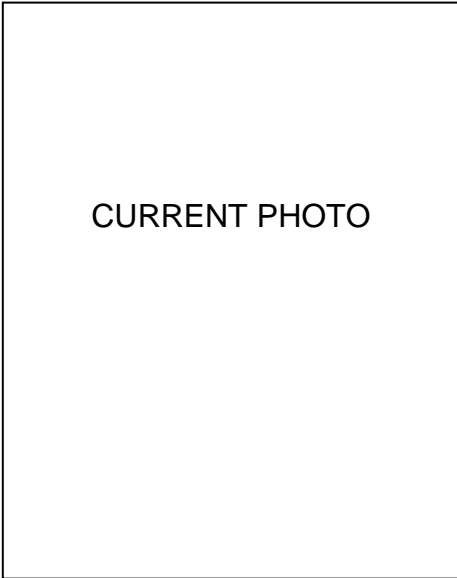
DATE OF SIGNATURE

WITNESS SIGNATURE

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SIGNATURE OF LEGAL PARENT/GUARDIAN

DATE OF SIGNATURE

WITNESS SIGNATURE
