

Flintridge Prep Summer 2010

Registration Form



Courses And Sports Camps

Course title _____	Fee	\$ _____
Course title _____	Fee	\$ _____
Course title _____	Fee	\$ _____
Course title _____	Fee	\$ _____
Course title _____	Fee	\$ _____
Early registration discount (by May 1): \$25 per course.	-	\$ _____
Total Fee		\$ _____

Student Information

Student's Name _____ Entering Grade Next September _____
Date of Birth ____/____/____ Sex _____ School of Attendance _____
School of Attendance Next Fall _____
Parent's Name _____ Evening Phone (____)____ - _____
Address _____ City _____ Zip _____
Mother Daytime Phone (____)____ - _____ Cell Phone (____)____ - _____ Pager (____)____ - _____
Father Daytime Phone (____)____ - _____ Cell Phone (____)____ - _____ Pager (____)____ - _____
Date of Last Tetanus Booster (____)____ - _____ Bee Sting Sensitivity Yes No
Asthma Yes No Permission to Attend Summer School Field Trips Yes No

Allergies: List all food or medication allergies, current medications taken, and other medical concerns and instructions. *Use the back of this sheet if necessary.*

Food _____ Medication _____ Other _____

Emergency Information

Name _____ Daytime Phone (____)____ - _____ Relationship _____
Name _____ Daytime Phone (____)____ - _____ Relationship _____

EMERGENCY HEALTH/AUTHORIZATION TO TREAT FORM

I the undersigned, parent/legal guardian of _____, a minor, do authorize Flintridge Preparatory School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide care which aforementioned physician in exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

I hereby authorize any hospital that has provided treatment to the above-named minor pursuant to the provisions of Section 6910 of the Family Code of California to surrender physical custody of such minor to my above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agent(s).

Signature of Father or Guardian _____ Date ____/____/____

Signature of Mother or Guardian _____ Date ____/____/____

Name of Insurance Company _____ Policy Number _____

Student's Physician _____ Physician's Telephone (____)____ - _____

Deadline for Early Registration Discount Is May 1

Please make check payable to Flintridge Preparatory School, and mail payment with this registration/emergency form to: Flintridge Preparatory School, 4543 Crown Ave., La Cañada Flintridge, CA 91011