

# Registration: Prep Summer School

Course: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

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**Deadline for early registration discount is May 1. \$25 per course.** - \$ \_\_\_\_\_

**TOTAL FEE \$** \_\_\_\_\_

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

School of attendance: \_\_\_\_\_ Entering grade next September: \_\_\_\_\_

School of attendance next fall: \_\_\_\_\_

Parent's name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_ Bee sting sensitivity:  Yes  No Asthma:  Yes  No

Permission to attend summer school field trips:  Yes  No

**ALLERGIES:** Please list all food or medication allergies, current medications being taken, and any other medical concerns and instructions.

**Food:** \_\_\_\_\_ **Medication:** \_\_\_\_\_ **Other:** \_\_\_\_\_

## 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: \_\_\_\_\_

Please make check payable to **Flintridge Preparatory School**, and mail payment with registration form and emergency form to:

**Flintridge Preparatory School**, 4543 Crown Avenue, La Cañada Flintridge, CA 91011