SIERRA COUNTY OFFICE OF EDUCATION SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT EMERGENCY MEDICAL FORM 2021-2022

Student Name:				
Student Date of Birth:	Last Tetanus Toxoid Booster:			
Allergies to Drugs or Foods:				
Special Medications or Perti	nent Medical Information:			
other: NAME:	Home Phone:	Other:		
er Living with Student: NAME:	Home Phone:	Relationship:		
her: NAME:	Home Phone:	Other:		
er Living with Student: NAME:	Home Phone:	Relationship:		
Address: PO Box or Street	et City	State	ZIP	
Family Physician:	Ph	Phone:		
Physician's Address:				
Insurance Company:	Poli	Policy Number:		
authorize and consent to any x the general or special supervision under the provisions of the Me Practice Act and on the staff of from the State of California De in advance of any specific dia authority and power to render judgment, may deem advisable	parents, or legal guardian(s) of the apparents, or legal guardian(s) of the apparents, medical solution of any member of the medical solution of any member of the medical solution of any acute general hospital holding epartment of Public Health. It is understood, the aforementioned phase. It is understood that effort shall be patient, but that any of the above	al, or surgical diagnosis taff and emergency roomsed under the provision g a current license to oppose derstood that this author being required, but is graysician, in the exercise e made to contact the understood that the understood the unde	rendered under staff licenses in sof the Dent berate a hospit ization is give iven to provide of his/her bendersigned prior	
Date	Signature of Father, Moth	er, or Legal Guardian		

This authorization is given pursuant to the provisions of Section 25.8 of the *Civil Code of California*.

This consent shall remain effective through June 30 of the current school year.