

2004-2005 Nauvoo-Colusa Jr./Sr. High School Registration

Name				Grade:	
	(First)	(Middle)	(Last)		
SS#					
Birthdate					
	(Month)	(Day)	(Year)		
Birthplace					
	(County)	(City)	(State)		
Physical Address:					
	(City)	(State)	(Zip)		
Mailing Address:					
	(City)	(State)	(Zip)		
Mother's Name:				Home Phone:	
Place of Work:				Work Phone:	
				Cell Phone:	
Father's Name				Home Phone:	
Place of Work:				Work Phone:	
				Cell Phone:	
Emergency Contacts: (List 2 people we can call to have your child picked up in case of illness, etc.)					
Name:				Number:	
Name:				Number:	
CONSENT FOR MEDICAL TREATMENT:					
<p>State law requires a parent's, or legal guardian's written consent before their son/daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.</p> <p>As the parent(s) or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis of hospital care. <i>This written authorization is granted only after a reasonable effort has been made to contact me (us).</i></p>					
Date:	Parent/Guardian Signature:				
List any known allergies, or pertinent medical information (medications, etc.):					
Family Physician:				Number:	
Family Dentist:				Number:	
SY 04-05 (y-1) Preferred Hospital:				Number:	