

Redding Adventist Academy

Grades K-12 *The Christian School That Feels like Family* **2008 / 2009**

1356 East Cypress Avenue, Redding, CA 96002 Phone (530)222-1018 Fax (530)222-1018

Consent to Treatment and Authorized Release Form

Student Last Name		First Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	
Student Address		City	State	Zip	Home Phone ()	
Other Address				Birthdate		
Father's Last Name		First Name	Address		City	State Zip
Home Phone ()	Place Of Employment/Occupation		Work Phone ()	Father's Beeper/Pager <input type="checkbox"/> Cell ()		
Mother's Last Name		First Name	Address		City	State Zip
Home Phone ()	Place Of Employment/Occupation		Work Phone ()	Mother's Beeper/Pager <input type="checkbox"/> Cell ()		
Name of other child attending RAA:		Grade	Name of other child attending RAA		Grade	
Name of other child attending RAA:		Grade	Name of other child attending RAA		Grade	

Emergency Information

Name of Physician	Physician's Office, Clinic, or Hospital	Physician's Phone ()
Insurance Carrier	Policy Number or insured Social Security	Insurance Phone ()
Contact person when parent is not available:	Relationship	Phone ()
Please indicate any allergies	Please indicate any medications	Please indicate any medical problems

In the event of sudden illness or accident requiring attention, I hereby authorize Redding Adventist Academy to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below.

Authorized Student Release

In the event of illness, or major disaster that causes structural damage to Redding Adventist Academy (such as earthquake, fire, or explosion, or for any other reason someone other than the parent/guardian is not able to pick up their child, student(s) will be released to authorized individuals ONLY. There will be no EXCEPTIONS. Please indicate the names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

- | | | |
|----------|--------------------|-------------------------|
| 1. _____ | Phone () _____ | Pager/Cell () _____ |
| 2. _____ | Phone () _____ | Pager/Cell () _____ |
| 3. _____ | Phone () _____ | Pager/Cell () _____ |
| 4. _____ | Phone () _____ | Pager/Cell () _____ |
| 5. _____ | Phone () _____ | Pager/Cell () _____ |

Parent/Guardian Signature _____ Date _____