



ACT Prep Registration Form

Emergency Information and Consent to Treatment of Minor

Student Last Name:		First Name:		M.I.:	Date of Birth: / /
Address:		City:		Zip:	
Student Lives with: <input type="checkbox"/> Both <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Joint <input type="checkbox"/> Other: _____					
Mothers Name:			Place of Business:		
Home Phone:		Business Phone:		Cell Phone:	
Email Address:					
Father's Name:			Place of Business:		
Home phone:		Business Phone:		Cell Phone:	
Email Address:					
Name of person OTHER THAN PARENT who has authority for the student in case of emergency:					
Name:			Relationship to Student:		
Home Phone:		Business Phone:		Cell Phone:	

MEDICAL INFORMATION

My child is allergic to: _____ Medication being taken: _____

Medical Conditions: Asthmatic Diabetic Heart Condition Other – Explain: _____

Name and phone number of physician: _____

Insurance Carrier Policy#

Consent to Treatment of Minor - Check One:

In the event of serious emergency, and none of the persons listed above can be contacted, I authorize the school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of the physician or at a certified hospital. I HEREBY AGREE TO BEAR ALL COST INCURRED AS A RESULT OF THE FOREGOING.

OR

I do not choose to sign the above statement. In the event of an accident or emergency please:

One parent signature required:

Parent's/Guardian's Signature

Date

Prep for June ACT test
 Cost: \$200.00
 Please Make Check Payable to:
 St. Francis High School
 Turn Registration form and Payment to
 Mrs. Rivera in the Guidance Office