



**San Ramon Valley
German School**

MEDICAL AUTHORIZATION FORM

I hereby authorize the physician listed below or any other qualified physician to treat me and/or my child(ren)

in case of an emergency while attending the **San Ramon Valley German School (SRV German School)**.

Physician's Name: _____

Phone: _____

Insurance Carrier: _____

Subscriber Name: _____

Subscriber ID#/Group#: _____

Please list allergies and unusual conditions of which we should be aware of or any other special instructions:

In the event of a major disaster, if we, the undersigned parents are unable to pick the children listed above up from school, we do hereby authorize the **SRV German School** to delegate the responsibility to the following friend, neighbor or relative:

1.
Name: _____

Address: _____

Phone #: _____

The San Ramon Valley German School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

2.

Name: _____

Address: _____

Phone#: _____

(Please make sure you inform them that you have chosen them. In an emergency, they need to know.)

List All Persons Authorized to Pick Up Your Child(ren):

EMERGENCY INFORMATION AND CONSENT FORM

This form authorizes the **SRV German School** to take whatever emergency steps necessary.

Consent for Medical Treatment.

As the Parent, Legal Guardian or Agency Representative, I hereby give consent to the SRV German School to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child(ren). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

The above is correct to the best of my knowledge. I agree to abide by the rules and regulations of the San Ramon Valley German School.

Signature of Parent /Guardian

Date

**PLEASE BRING FILLED OUT/SIGNED FORM TO REGISTRATION
ON September 9th, 2017.**

SRV German School

School Location
4433 Willow Road,
Pleasanton, CA 94588

Business and Mailing Address
43391 Ellsworth Street
Fremont, CA 94539

(925) 273-4344

www.srvgermanschool.org

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