



Eldorado Emerson Private School

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Student Permission Form

I hereby give my permission for Glory Ludwick, M.D. to administer any interim emergency medical treatment necessary for _____ in the event of illness or accidents occurring at school. I am listing the following allergies and/or drug sensitivities: _____

Any emergency treatment should be administered in consideration of the following medical history (surgery, etc.): _____

Parent's Signature

Date

I hereby give my permission for _____ to have any emergency care at any school, clinic, doctor's office, or at any hospital which is deemed advisable by medical consultants in event the school is unable to contact either parent at the following phone numbers:

This release constitutes authority for any Doctor to proceed with the necessary emergency medical treatment provided neither parent nor specified Physician can be contacted by telephone at the time the child is presented.

Parent's Signature

Date

I hereby give my permission for _____ to be transported for field trips scheduled by Eldorado Emerson Private School. I further understand that field trips are considered class sessions and that if I do not wish my child to attend a specific field trip, I will allow him to remain home. I also give my permission for my child's likeness to be used in any form of advertising for the school (i.e. magazines, newspapers, cable TV ads etc.).

Parent's Signature

Date

Persons Authorized to Pick Up Your Child

_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship