

# FRUTIVALE COUNTRY SCHOOL

Location: 3425 Fruitvale Rd. off Fowler Rd.

Mailing Address: 2586 Crosby Herold Rd. Lincoln, CA 95648

## *MEDICAL/LEGAL RELEASE FORM*

I, \_\_\_\_\_ (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child(ren) \_\_\_\_\_ in the event of accident, injury, sickness, etc. under the direction of the staff at the Fruitvale School, until such time as I am be contacted. I also assume the responsibility for the payment of any such treatment.

I waive right to a legal suit for injury and accident that might happen in the course of care for my child during activities when normal safety procedures have been followed.

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Person to Contract In Case Of Emergency (other than parent):

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Special

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (Parent or Guardian) (Date)

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| Register for Fruitvale School Day Camp: \$25 Enrollment Fee Per Child/Checks to the Fruitvale School. Mail to 2586 Crosby Herold Rd. Lincoln, CA 95648<br>Child (Children) _____ Age(s) _____<br>Questions? 916-645-3517 |
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Days of the Week:      M    T    W    Th   F