

**German American School Association  
of Southern California, Inc.**  
Deutsch-Amerikanischer Schulverein von Südkalifornien e.V.  
a non-profit organization

**Emergency Information**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents/Guardians name \_\_\_\_\_

Telephone number/numbers where parent/guardian can be reached on the day of classes:

\_\_\_\_\_

Known allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

The above child can be released after school to the following persons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Consent**

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed.

I/We hereby authorize the principal/teacher to give consent for all medical and/or surgical treatment that may be required for our child after reasonable attempts have been made to contact me/us.

I/We understand that the German-American School Association, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. All medical fees will be the responsibility of the parent/guardian.

\_\_\_\_\_  
signature of parent or legal guardian

\_\_\_\_\_  
date