## Rainbow Advanced Institute for Learning Digital Charter High School

5253 Fifth Street, Rainbow, CA 92028 • Tel: 760.728.4305 • Fax 760.728.7712 • www.RAIdigitalhigh.net

# EMERGENCY INFORMATION

### STUDENT INFORMATION

Grade Level (Grade that the applicant will be entering in the Fall)

❑ Grade 6 ❑ Grade 7 ❑ Grade 8 ❑ Grade 9 ❑ Grade 10 ❑ Grade 11 ❑ Grade 12

| Last Name | First | Middle |
|---|---|---|
| Street Address | City | Zip Code |
| Date of Birth | Social Security Number | Gender |

### FAMILY INFORMATION

With whom does the applicant currently live? ❑ Mother ❑ Father ❑ Both ❑ Guardian

| Father/Guardian Name | Address | Phone (Day) |
|---|---|---|
| Mother/Guardian Name | Address | Phone (Day) |

### EMERGENCY CONTACT (OTHER THAN MOTHER, FATHER, OR GUARDIAN)

| Last Name (Circle: Mother/Father/Guardian) | First Name | Initial |
|---|---|---|
| Relationship | (____) _____ Home Phone Number | (___)_____ Work Phone Number |
| Doctor | Doctor's Phone | |

Does this student have any allergies, medical problems, or regular medications? ❑ No ❑ Yes

If yes, please explain: _____

In the event of an emergency, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgery, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff hospital or facility furnishing medical or dental services. I agree to pay for services or hospitalization rendering. You must sign one or the other.

❑ Yes Signature: _____ ❑ No Signature: _____

If not, what action would you like to be taken? _____

The school does not insure students. To indicate that you understand this, please initial here. _____

### RELEASE OF LIABILITY

I understand that I hold the Rainbow Advanced Institute for Learning Digital Charter High School officers, agents, and employees, harmless from any and all liability claims, which may arise out of or in connection with my child's participation in this program.

Father/Guardian Signature _____ Mother/Guardian Signature _____ Date _____