



FALCON'S NEST

Application/Emergency Information

Name(s) of Parent/Guardian: _____

Phone numbers:

Home - Father _____	Home - Mother _____
Work - Father _____	Work - Mother _____
Cell - Father _____	Cell - Mother _____

Place of Employment:

Father: _____
Mother: _____

Home Address:

Father: _____
Mother: _____
Child(ren): _____

Child(ren)' Names and nicknames:

Child 1 _____	Birthday: _____	Grade _____
Child 2 _____	Birthday: _____	Grade _____
Child 3 _____	Birthday: _____	Grade _____

Names of the people who may pick up your child other than parents or siblings:

Name: _____	Phone # _____	Relationship: _____
Name: _____	Phone # _____	Relationship: _____
Name: _____	Phone # _____	Relationship: _____
Name: _____	Phone # _____	Relationship: _____

Is there anyone who MAY NOT pick up your child? Please circle YES or NO

If yes, please list:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Persons to be called in case of an emergency:

Name: _____ Phone: () _____
Name: _____ Phone: () _____

Contact number for an out-of-state relative in case of an earthquake:

Name: _____ Phone: () _____

Please list any food allergies:

**Diocese of Oakland
Parent Permission Form**

To the Principal of St. Felicitas School:

I hereby request that my child _____ participate with Falcon’s Nest Extended Care in walking field trips (to be announced in the blue parent letter).

Time and Date: Minimum School Days (weather permitting) – Leaving from school to walk to a local park to have lunch and play games. Returning to school at approximately 3:30 pm.

Please pack a lunch and snack for your child on these days.

Consent for Treatment

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip.

I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to Myers-Stevens as a secondary provider.

The Diocese of Oakland has been informed by the California Highway Patrol that it is not required to provide safety seats and booster seats for bus field trips.

(I), the undersigned parent or legal guardian of a minor, do hereby authorize a representative of St. Felicitas Catholic School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the California Medical Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to the part of the mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

(Signature of Parent or Guardian)

(Date)

(Address)

(Phone)