

Mail or fax with payment to:
County Speech
411 Camino del Rio S., Ste. 101
San Diego CA 92108

Questions? Contact Kara Burgess
kara@county-speech.com
Phone: (619) 574-8181
fax: (619) 574-0802

Emergency Contact Information

Contact name _____

Relationship _____

Home phone _____

Work phone _____

Cell phone _____

Contact name _____

Relationship _____

Home phone _____

Work phone _____

Cell phone _____

Health Information

Student's doctor's name

Doctor's phone number

Allergies, injuries, diseases, operations and restrictions
on physical activity _____

Child Release Information

List persons AUTHORIZED to pick up student.

| Name | Relationship |
|------|--------------|
|------|--------------|

1. _____

2. _____

3. _____

List persons NOT AUTHORIZED to pick up student.

1. _____

2. _____

Child in custody of: both parents mother

father other _____

For Payment by Credit Card:

Name as it appears on Card _____ Circle one: Visa M/C

Credit Card Number _____ Exp. _____

The undersigned hereby gives permission for the student named above to take part in all of The Reading STARS activities, including outdoor games, photographs for promotional purposes, and absolves County Speech and the Encinitas school district from liability for any injury incurred by the student at school or during a school activity. In the event of illness or accident to the student and the above people can not be reached, school personnel is authorized to provide first aid, transport the student to any hospital and to authorize emergency medical or dental care by a duly licensed physician or dentist, and hospital care. The undersigned shall indemnify and hold harmless the school, County Speech, and any representative of it from and against any and all liability which may occur as a result of the exercise of the foregoing consent.

Signature of parent or guardian _____ Date _____