

Ivy Leaf Education Center LLC
 Confidence, Perseverance, Innovation
 Phone: (858)-599-5300
 Email: info@ivyleafec.com
 16469 Bernardo Center Drive
 San Diego, CA 92128



EMERGENCY AND MEDICATION INFORMATION

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|--|--|----------------------------|-------------|
| STUDENT'S NAME: | | BIRTHDATE: / / | SEX: M F |
| GUARDIAN NAME: | | GUARDIAN PHONE: | |
| GUARDIAN STREET ADDRESS: | | CITY: | ZIP: |
| 1. EMERGENCY CONTACT NAME: | | EMERGENCY CONTACT PHONE #: | |
| EMERGENCY CONTACT STREET ADDRESS: | | CITY: | ZIP: |
| 2. EMERGENCY CONTACT NAME: | | EMERGENCY CONTACT PHONE #: | |
| EMERGENCY CONTACT STREET ADDRESS: | | CITY: | ZIP: |
| EXISTING MEDICAL CONDITIONS AND RESTRICTIONS (Please explain and describe in detail): | | | |
| | | | |
| | | | |
| ALLERGIES (Please list all known allergies and describe reaction and management of the reaction): | | | |
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| | | | |
| Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. | | | |
| MEDICATION NAME: | | REASON FOR TAKING: | |

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| MEDICATION NAME: | REASON FOR TAKING: |
| MEDICATION NAME: | REASON FOR TAKING: |

PERMISSION TO PROVIDE NECESSARY TREATMENT IN CASE OF EMERGENCY

I hereby give permission to the medical personnel selected by the program director to order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside the facility. After first enrolling in the IVY LEAF EDUCATION CENTER LLC program and agreeing to its terms, I give permission for my child to take part in all activities. I agree to place them in the care of the IVY LEAF EDUCATION CENTER LLC program, subject to all its rules and regulations. I understand the nature and purpose of the IVY LEAF EDUCATION CENTER LLC program and activities and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, absolve, and hold harmless IVY LEAF EDUCATION CENTER LLC, its agents, employees and instructors, from any and all liability arising from any accident, injury or loss sustained by my child as a result of activities sponsored by IVY LEAF EDUCATION CENTER LLC. I agree to waive any and all claims against persons connected with IVY LEAF EDUCATION CENTER LLC.

PARENT SIGNATURE: _____ DATE: _____