

REGISTRATION FORM – APRIL 29, 2017
Child & Babysitting Safety Certification

Student Name: _____
Age: _____ (Must be 12 years old or older to attend) Grade: _____
Parent Name: _____ Parent Phone Number: _____
Parent Email: _____ Address: _____
Class Date: _____ Class Location: _____ School: _____

\$35.00 Class Fee (Cash or Checks made to NCSOS only please)

SUBMIT FORM & PAYMENT (\$35-write separate checks for each child) BY April 25, 2017
TO: Sharyn Turner @ NCSOS
380 Crown Point Circle, Grass Valley, CA 95945
Phone: 530-478-6400 Fax: 530-478-6410
Email: sturner@nevco.org

Child & Babysitting Safety Certification Authorization for Emergency
Medical Treatment

(Submit prior to class)

- Allergies to any foods or medications: YES NO
- Carrying required medications to be taken: YES NO
- My child has the following health problems (please list anything pertinent such as asthma, diabetes) _____
- Allergies to any foods or medications: YES NO
- My child has the following health problems (please list anything pertinent such as asthma, diabetes, etc.) _____
- Physician: _____

As a legal custodian of _____, minor, I hereby authorize the coordinator (or his/her designee) of the Nevada County Superintendent of Schools office, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician due to an emergency.

Nevada County Superintendent of Schools Office assumes no liability of any nature in relation to the transportation, hospitalization and any examination, X-ray, or treatment provided in relation to this authorization and that the liability shall be my responsibility.

I have read this form in its entirety, filled out appropriately, and agree to its content.

Signature of parent or guardian _____

Date _____

In an emergency please call me at _____ Alternate: _____