



Career Directions for Students in Architecture, Construction and Engineering

Student: Last Name: First Name: Santa Monica High School ACE Team

2009 / 2010 HEALTH FORM

Dear Parent/Guardian:

As part of the ACE Mentor Program, your son/daughter will be participating in sessions held at school, and in offices, construction sites, and other sites in the City of Los Angeles and City of Santa Monica. Transportation will be by ACE.

Please provide us with the information requested below:

- 1) In case of emergency, list two persons to be contacted: a) Name of Person Relationship Address Phone No. where individual can be reached: a) Day b) Evening b) Name of Person Relationship Address Phone No. where individual can be reached: a) Day b) Evening
2) Does your child have any medical condition or history with which we should be familiar? Yes No If yes, please describe
3) Does your child require medication? Yes No (if yes, note provision you have made and any information we must be aware of. Use the back of this form if necessary)
4) Does your child have any dietary restrictions? Yes No (if yes, please describe. Use the back of this form if necessary)
5) In case medical information is required, your family doctor may have to be contacted: FAMILY DOCTOR'S NAME: PHONE NO.:

I give my child permission to participate in all ACE program-related activities.

Parent/Guardian Signature Date

Printed Name