

**REGISTRATION FORM – MARCH 10, 2018**  
**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 March 1, 2018**

**TO: Sharyn Turner @ NCSOS**

**380 Crown Point Circle, Grass Valley, CA 95945**

**Phone: 530-478-6400 x2045 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: \_\_\_\_\_