

REGISTRACIJOS ANKETA

MOKINIO VARDAS <i>First name</i>	PAVARDĖ <i>Last name</i>	GIMIMO DATA <i>Date of Birth</i>	KLASĖ <i>Grade</i>

Adresas _____

Miestas/Valstija/Kodas _____

Namų Telefonas _____ Mobilus _____

E.paštas _____

Mamos vardas ir pavardė _____

Tėvo vardas ir pavardė _____

Pagalbiniai Komitetai
(pasirinkite nors vieną)

Kalėdų Eglutė Vasario 16/Kovo 11 Motinos Diena

Naudojami vaistai: _____

Alergijos _____

Gydytojo Vardas ir Tel. _____

Ištikus nelaimei skambinti kam? _____

MEDICAL EMERGENCY CARE AUTHORIZATION

I, _____, parent, guardian, or student hereby give consent and authorization to the Lithuanian School "Saulute" (St. Petersburg, Florida) to secure EMERGENCY medical treatment and attention necessary for the sole benefit of my child or myself. I understand that might involve taking the child to the nearest emergency clinic or hospital of calling paramedics and may require my child or myself securing emergency medical and surgical treatment. I will be responsible for emergency medical charges upon request of statement.

Signature _____

Date _____

Insurance Carrier _____

Policy # _____