



SZKOŁA POLSKA
IM. KS. JANA TWARDOWSKIEGO

Formularz rejestracyjny/Registration form

Imię i nazwisko/Name

DATA URODZENIA/DATE OF BIRTH
(mm/dd/yyyy)

MIEJSCE URODZENIA/PLACE OF BIRTH

Klasa/Grade: _____

Adres/Address:

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Telefon/Phone (_____) _____

E-mail: _____

Imiona Rodziców / Parents' Names:

Matka/Mother

Telefon/Phone (_____) _____

Ojciec/Father

Telefon/Phone (_____) _____

UPOWAŻNIENIE / AUTHORIZATION

Imię Ucznia / First Name _____

Nazwisko Ucznia / Family Name _____

Klasa / Grade _____

Niżej wymienione osoby są upoważnione do odbierania mojego dziecka ze szkoły/
The following people are authorized to pick up my child from school:

1.	Imię i Nazwisko / Name
	Telefon / Phone number
2.	Imię i Nazwisko / Name
	Telefon / Phone number

_____ **Date** _____
Signature of Parent or Guardian

Health Information

Does this child have any specific health problems which the staff should be aware of? (e.g. vision or hearing lost, allergies, drug reactions, convulsions, etc.) **If "YES"**, please explain:

Special instructions in case of medical emergency, if parents cannot be reached:

Has your child had any serious illnesses, accidents, surgeries, behavioral disorders or communicable diseases that the school staff should know about? If "YES" please explain:

Any health concerns that school needs to be aware of:

CONSENT FOR MEDICAL CARE AND TREATMENT OF MINOR CHILDREN IN CASE OF EMERGENCY

I, _____ the parent/legal guardian _____, authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Signature of Parent/Guardian _____ **Date** _____