

Emergency & Medical Form

Student Information

Student's Last Name _____ First Name _____ Middle _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Present Grade _____

Date of Birth _____ City/State of Birth _____

Sex _____ Ethnic Group _____

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Other Physician _____ Phone Number _____

Hospital of Choice _____

List Allergies and Other Medical Conditions _____

Parent Information

Father's Name _____ Home Phone _____

Cell Phone _____

Email _____

Address _____

Employer _____ Phone Number _____

Mother's Name _____ Home Phone _____

Cell Phone _____

Email _____

Address _____

Employer _____ Phone Number _____

Release Information

Name and give the relationship of at least three other persons to whom we might release your child or call in the event of an emergency.

1. _____ Phone Number _____
2. _____ Phone Number _____
3. _____ Phone Number _____
4. _____ Phone Number _____

____My child can be released to the persons listed above on any school day.

Please Initial _____

Emergency Treatment Authorization

The purpose of this agreement is to give or deny authorization of emergency medical treatment for your child while under school supervision, when a parent cannot be reached. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before the surgery is performed.

List any facts concerning your child's medical history including, but not limited to, allergies, medications being taken, physical impairments to which the physician should be alerted:_____

____Yes, I authorize emergency medical treatment for my child. I give my consent for administration of any treatment deemed necessary by a licensed physician. I also give consent for the use of emergency transportation.

Signature _____ Date _____

____No, I do not give authorization for emergency medical treatment for my child. In the event of a sudden illness or injury requiring emergency treatment, I wish the school authorities to take no action or to _____

Signature _____ Date _____

All the information on this form is current and does not need to be changed for the listed school year.

2021-2022	Parent's Initials	Date	Staff's Initials	Date
2022-2023	Parent's Initials	Date	Staff's Initials	Date