

In case of an emergency or accident on the school grounds or during any school activity involving my child _____ which in the opinion of the school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

SIGNATURE(S) OF PARENT(S)/GUARDIAN(S) Date _____

Relation to Student (please check one):

- Mother Father Both Parents Court-ordered Guardian
 Other – please explain: _____

EMERGENCY MEDICAL INFORMATION

Student Name _____

Parent(s) Name(s) _____

Parent(s)' Address _____

Phone Numbers: (w) _____ (c) _____ (h) _____

Emergency Contacts (provide two other than the parent numbers listed above):

Name _____ Phone _____

Name _____ Phone _____

Hospital Preference _____

Primary Physician _____ Phone _____

Insurance Company _____ Group Number _____

Any allergies or medical conditions we should know about? _____
