

Emergency Medical Information

<hr/> <p>Child's Name</p>	/	/	<hr/> <p>Date of Birth</p>	<hr/> <p>Age</p>	<hr/> <p>Grade</p>	<hr/> <p>M F Sex</p>
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>					
()	()	()	()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Cell Phone</p>			
<hr/> <p>Home Address (Street, City, State & ZIP Code)</p>			<hr/> <p>Work Phone, Name of Workplace, Shift</p>			
()			<hr/> <p>E-mail address</p>			
<hr/> <p>Work Phone, Name of Workplace, Shift</p>						

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact (Name & Relationship)</p>	<hr/> <p>Secondary Emergency Contact (Name & Relationship)</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Cell Phone</p>	<hr/> <p>Cell Phone</p>
<hr/> <p>Home Address (Street, City, State & ZIP Code)</p>	
()	
<hr/> <p>Work Phone, Name of Workplace, Shift</p>	

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Dentist's Name</p>	<hr/> <p>Phone Number</p>

Insurance Company, Policy Number

Allergies/Special Health Considerations

In case of accident, injury, illness or other emergency, I/we authorize all medical, dental and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician, dentist and/or paramedics for my child as a result of any school or school-related activity. Additionally, in such cases, I/we waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached after conscientious effort on behalf of the school staff and/or in the case of an emergency.

I/we understand that should any of the above information change, it is my/our responsibility to notify the school office immediately in writing.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>