

Emergency Contact and Medical Information for a Child

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Mother's/Guardian's Name: _____

Address: _____

City, State Zip Code: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Father's/Guardian's Name: _____

Address: _____

City, State Zip Code: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Alternative Emergency Contacts

Primary Contact Name: _____

Relationship to Student: _____

Address: _____

City, State Zip Code: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Secondary Contact Name: _____

Relationship to Student: _____

Address: _____

City, State Zip Code: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Medical Information

Hospital Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Any allergies or special health conditions: _____

Disclosure

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ **Date** _____

Field Trips

I give permission for my child to go on field trips and release individuals from liability in case of accident during activities related to, as long as normal safety procedures have been taken.

Parent's Signature _____ **Date** _____

Witness Signature _____ **Date** _____