

**WHITE PINE COUNTY SCHOOL DISTRICT**

**1135 Ave C Ely, Nevada 89301**

**School Campus:** \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION AND RELEASE**

Last Name		First Name	Middle	Birthdate
Address Residency (Street, City, State, Zip)			Home Phone	Grade Level
Address Mailing (Street or Box, City, State, Zip)			Student Cell Phone	E Mail Address
Father/Guardian-Last Name	First Name	Home/Cell Phone	E Mail Address	
Father's Employer			Work Phone	
Mother/Guardian-Last Name	First Name	Home/Cell Phone	E Mail Address	
Mother's Employer			Work Phone	
Health Insurance Company		Name on Policy		Policy Number
Family Doctor		Doctor's Phone Number		
NOTIFY IN CASE OF EMERGENCY (other than parent)			Relationship	Phone
Does the student have allergies or health limitations that we should know about?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please list:				
Date of last Tetanus shot:				
Any allergies to medication?		Please list:		
In the event our son/daughter _____, becomes ill or sustains an injury while on an activity/trip permission is given to administer first aid for his/her relief. If I cannot be reached in case of an accident or illness requiring emergency medical treatment, I do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered.				

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please note that all students participating in athletics, or school activities where travel is required, you MUST have insurance coverage. (If you do not have family insurance or wish for additional coverage please contact your school office.)