

PERMISSION FOR EMERGENCY CARE

To be completed and updated by parent/guardian each year

Name of Student _____ Grade _____

Nickname _____ Date of Birth _____ Male _____ Female _____

Home Address _____

(street) (city) (state) (zip)

Home Phone _____

Father's Name and Address _____

Father's Work Phone _____ Father's Cell Phone _____

Mother's Name and Address _____

Mother's Work Phone _____ Mother's Cell Phone _____

Name of Person or Agency Having Legal Custody _____

Address _____ Phone Number _____

Child's Allergies (if any) _____

Child's Doctor _____ Phone Number _____

Outstanding Medical History (ex. Diabetes, heart disease, contact lenses, hearing aids, etc.)

Medications Child is taking _____

Date of Last Tetanus Shot _____

Insurance Company _____ Policy Number _____

Persons NOT authorized to pick up child from school* _____

Emergency contacts: In the event a parent cannot be reached, please give name and phone number of two persons who could pick up and take home your child in a timely manner.

1) _____
(name) (address) (relationship) (home & cell phone)

2) _____
(name) (address) (relationship) (home & cell phone)

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

(Signature of Parent/Guardian)

(Date)

*Appropriate custody paperwork must be attached