

Emergency Medical and Student Information Form

Please complete **both sides** of the form and edit any incorrect information.

Parents or Guardians must provide a signature in **Part 3 or Part 4** and **Part 7** (back).

PART 1: STUDENT INFORMATION

Student Name	Gender	Birth Date	School	Grade Level	Homeroom	Bus (AM, PM)
Street Address			City, State and Zip Code			

PART 2: EMERGENCY CONTACT INFORMATION

Please provide the requested information for the primary contact and three nearby family or friends. In case of emergency, illness, or accident the school is authorized to contact and/or release the student to those listed on the form.

Primary Contact

Primary Contact Name		Relationship	Email Address			
Cell Phone	Home Phone		Work Phone		Legal Guardian <input type="radio"/> Yes <input type="radio"/> No	Lives With Student <input type="radio"/> Yes <input type="radio"/> No

Second Contact

Second Contact Name		Relationship	Email Address			
Cell Phone	Home Phone		Work Phone		Legal Guardian <input type="radio"/> Yes <input type="radio"/> No	Lives With Student <input type="radio"/> Yes <input type="radio"/> No

Third Contact

Third Contact Name		Relationship	Email Address			
Cell Phone	Home Phone		Work Phone		Legal Guardian <input type="radio"/> Yes <input type="radio"/> No	Lives With Student <input type="radio"/> Yes <input type="radio"/> No

Fourth Contact

Fourth Contact Name		Relationship	Email Address			
Cell Phone	Home Phone		Work Phone		Legal Guardian <input type="radio"/> Yes <input type="radio"/> No	Lives With Student <input type="radio"/> Yes <input type="radio"/> No

PART 3: GRANT CONSENT

I hereby give consent for the following medical care providers and local hospitals to be called.

Physician	Phone	Dentist	Phone
Medical Specialist	Phone	Local Hospital	Emergency Room Phone

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list facts concerning the child's medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted.

Date	Signature of Parent/Guardian
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PART 4: REFUSE CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action.

Date	Signature of Parent/Guardian
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PART 5: EMERGENCY RELEASE

In rare instances, it may be necessary to release the entire student body due to an emergency. Please choose how you would like your child to be released. Due to large numbers of students and limited time during an emergency, it is not possible to make phone calls home.

Choose only one *Ride bus as usual* *Wait at school for ride* *Walk home* *Carpool with* _____