



Emergency Information:

Student Name: _____

Parent/Guardian Name _____

Phone (W) _____ (H) _____ (C) _____

Alternate Emergency Contact _____

Phone (W) _____ (H) _____ (C) _____

Medical Information:

Please include a copy of current medical insurance card

Medical Insurance Company _____

Policy # _____ Group # _____

Student's Social Security # _____

Physician _____ Phone _____

Emergency Medical Information / Medicine _____

Permission to administer over the counter drugs: Y _____ N _____

(OTC drugs: Ibuprofen, Acetaminophen, Benadryl, Antibiotic Ointment)

Medical Release:

I _____ DO HEREBY GRANT THE ADULTS OF THE VA DISTRICT NYI THE POWER OF ATTORNEY TO GRANT MY CHILD, _____, MEDICAL ATTENTION IN THE EVENT OF AN EMERGENCY. I UNDERSTAND THAT EVERY ATTEMPT WILL FIRST BE MADE TO CONTACT ME BUT IN THE EVENT I CANNOT BE REACHED, THE VA DISTRICT NYI IS AUTHORIZED TO ACT ON MY BEHALF. I ALSO RELEASE THOSE SAID ADULTS AND THE VA DISTRICT FROM ANY LIABILITY.

SIGNED _____ DATE _____

Note: VA District is not responsible for any lost, stolen, or damaged items.