

2023-2024 Student Emergency Care Form

Student Name: _____ DOB: _____ Age: _____ Gender: M or F Grade: _____

Address: _____ City: _____ Zip: _____

Mother's Name/Guardian: _____ Father's Name/Guardian: _____

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

Email: _____ Email: _____

Employer: _____ Employer: _____

In case of emergency in which the parents/guardians cannot be reached, please call:

Name	Relationship	Phone Number(s)	Permission granted to pick child up from school?
			YES
			YES
			YES

Family Physician _____ City _____ Phone: _____

Choice of Hospital _____ Insurance Company _____

Has the child any drug/food/environmental/insect, etc. allergies: _____

Any additional medical information: _____

Would your child require medication **during school hours**/sports or any extracurricular activities? If yes, please list for what condition and the name of the medication?

Date of last Tetanus shot: _____

If any emergency arises, the school will try to contact the student's parent/guardian. If neither parent nor guardian can be reached, I give permission to _____ to be wholly responsible for the care of my child. If the physician is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian _____

Date _____