

Emergency Health Consent Form 2002-2003

Student Name: _____
(Last) (First) (Middle Initial)

Teacher: _____ Grade _____ Birth Date _____ Age _____ Sex _____

Home Address: _____ Phone: _____

Parent/ Guardian: _____

Employer: _____ Work Phone: _____

Cell Phone or Beeper: _____

Parent/ Guardian: _____

Employer: _____ Work Phone: _____

Cell Phone or Beeper: _____

In Case of an emergency or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Relation to Child _____

Phone: _____ Address: _____

Name: _____ Relation to Child _____

Phone: _____ Address: _____

I hereby permit the school to release my child to the above persons upon my telephone authorization.

Parent Signature: _____ Phone _____

The following persons may *not* remove my child from school:

Name: _____ Name: _____

Custody Papers on file? Yes ___ No ___ The above emergency information was provided by:

Signature: _____ Date: _____

Medical Information

Allergies to foods, medicines, insects or substances? List thing to be avoided, reaction and procedure to follow:

Is there any physical or medical condition that we should be aware of? What precautions should be taken?

Is there any medication currently being taken? List medications

Other special instructions: _____

Family Physician: _____ Phone: _____

Do we have permission to give the following if needed? (Write "yes" or "no")

Ibuprofen _____ Tylenol _____ Hydrocortisone _____

Be it known that I, the undersigned parent or guardian of the student named above, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *Emergency Basis*. It is further understood that any expense will be the responsibility of the parent of the student and in no event will payment of the expense be school responsibility.

Parent /Guardian signature: _____ Date: _____