

STUDENT MEDICAL INFORMATION & EMERGENCY FORM

Please complete one form for *each* student.

Please note: schools may use this form or a commercially available medical information/emergency form template

Student's Name: (first, middle, last): _____

Primary Address: _____

Primary Phone to call in case of Emergency: _____

Parent Information:

* **Mother's Name** (first, middle, last): _____

* Mother's Employer: _____ Work Phone: _____ Cell: _____

* **Father's Name** (first, middle, last): _____

* Father's Employer: _____ Work Phone: _____ Cell: _____

Student's Physician: _____ Phone (including area code): _____

Student's Dentist: _____ Phone (including area code): _____

Hospital Preference: _____ Phone (including area code): _____

Medical Conditions:

List any medical conditions and/or special needs of the student (asthma, hearing, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Medical Insurance Information: Insurance Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts: list two relatives or neighbors who will assume care of your child if you cannot be reached.

1. Name (first, last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

2. Name (first, last): _____ Phone (incl. area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian _____ Date _____

This Authorization for Emergency Medical Treatment is valid for a period of one year, from August 01, 2017 through August 01, 2018.