

**Marengo Community High School  
Emergency Form / Health Information / Treatment Consent**

Student's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (birth date) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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**Emergency Contact Person: Name and address of relative, friend, or neighbor to be contacted in the event parent or guardian cannot be reached. I authorize these contacts to provide transportation or give consent for the student to leave school.**

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Student's current health conditions:**

Asthma	yes	no	Diabetes	yes	no
Seizures	yes	no	Heart problems	yes	no
Daily prescription medication	yes	no	Allergies	yes	no

Please explain any yes answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**I understand that to protect and increase the safety of the student at school, conditions identified that pose a potential health or safety risk will be shared with faculty and staff via a confidential health concerns list, unless otherwise indicated.**

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_