

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 _____

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: _____

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 _____