

Name _____
Last First M.I.



Address _____
Number and Street City State Zip



Phone _____ Birthdate _____

School _____ Grade _____ Sex _____ Locker # _____ Bus # _____ /
AM / PM

*In case of an illness/emergency, list persons **in the order** to be called and **circle** the preferred telephone number. Check the appropriate line(s) to indicate which person(s) has legal authority to consent to medical treatment, and permission to pick up your child from school.*

Parent/Guardian Name _____	_____ Authority to Consent _____	_____ Pick up
Cell phone _____	Business _____	Home _____
Parent/Guardian Name _____	_____ Authority to Consent _____	_____ Pick up
Cell phone _____	Business _____	Home _____

Name _____ Relationship _____ _____ Pick up
Cell phone _____ Business _____ Home _____

Name _____ Relationship _____ _____ Pick up
Cell phone _____ Business _____ Home _____

It is your responsibility to update all new information during the school year and provide written notice to the school office.

Does your child have an specific physical/health problems? Yes _____ No _____

Allergies (please check)

_____ Medication(s) specify _____
_____ Food (e.g. peanuts) specify _____
_____ Products (e.g. latex) specify _____
_____ Insects _____

Medical condition(s) (please check)

_____ Asthma _____ Diabetes
_____ Blood Abnormality _____ Neurologic
_____ Cardiac _____ Orthopedic
_____ Convulsive disorder, Seizures _____ Other: _____

Physician or specialist providing care for the above condition:

Physician name(s) _____ Phone _____

Specify medication(s) _____

Does your child's health require that any of the following items be kept at school? (check items) Provide items and fill out Permission to Administer Medication Form obtained from school office.

____ Epi-pen ____ Benadryl ____ Peak Flow Meter ____ Asthma Inhaler ____ Blood Sugar Test ____ Other _____

Student's Primary Physician _____ Phone _____

Health Insurance Company _____ Policy Number _____

In case of emergency, the school authorities have my permission to take such action as they deem necessary.

Parent/Guardian Signature

Date

Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available. Please read and check **ONE** of the following statements. **(Witnessed signature required.)**

_____ In case of an injury or illness involving my son/daughter, _____, and when neither parent/guardian can be reached at the phone numbers provided, **WE AUTHORIZE** emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

_____ In case of an injury or illness involving my son/daughter, _____, and when neither parent/guardian can be reached at the phone numbers provided, we **DO NOT** give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel and any medical professional, hospital or medical facility to take no action whatsoever until we have been contacted. **NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.**

Parent/Guardian Signature

Date

Witness Signature (Required)

Date

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Allergies (please check)

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Food (e.g. peanuts) specify _____
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