

Emergency Medical Release

Student's Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Birth Date _____

Father's Name _____

Home Address _____ Home Phone _____

Place of Business _____ Work Phone _____

Mother's Name _____

Home Address _____ Home Phone _____

Place of Business _____ Work Phone _____

If neither parent is available, contact: _____

Relationship to student: _____ Phone: _____

PERMISSION FOR TREATMENT - Parents, sign ONE of the following statements:

A. In case of an emergency when authorized people noted above cannot be reached, school personnel have my permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my child.

Signature of parent or guardian Date

Name of physician preferred: _____ Phone: _____

List student's allergies: _____

List any medication student currently is taking: _____

B. In case of an emergency when authorized people noted above cannot be reached, school personnel are neither to render nor arrange for medical treatment other than first aid.

Signature of parent or guardian Date