



CONSENT FOR EMERGENCY CARE FORM 2016-2017

Name of Student:	Grade:	School:
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In case of illness or injury occurs, I request that the staff member contact me at the number listed below. If I cannot be reached, I authorize a school representative to obtain emergency treatment for my child at the closest medical facility unless instructed otherwise by paramedics or emergency medical personnel. I understand that the school assumes no responsibility other than the exercise of prudent supervision. All medical expenses will be covered by my own medical carrier.

I have legal custody of my child and grant permission for any emergency treatment or hospital services that may be rendered to said minor under the general or specific direction of:

Dr. _____ Phone: _____

Medical Insurance Provider: _____ Policy Number : _____

Student Information

Student's Parent/Legal Guardian Name (Please Print) _____

Home or Cell Phone: _____ Work Phone/Ext: _____

Home Address : _____

Other emergency contact name: _____

Phone: _____ Relationship to student: _____

List any Medication(s) the student takes on a daily/as needed basis: _____

List any medical condition the student has: _____

Signature of Parent/Legal Guardian: _____ Date: _____