Section III: Emergency Contact Information School Year 2018-2019

Child's Name: _____

Child's Grade: _____Birth Date: _____

Mom's Name/Guardian's _____ Emergency Phone #: _____

Dad's Name/Guardian's _____ Emergency Phone #: _____

EMERGENCY CONTACTS IN CASE PARENTS/GUARDIANS CAN'T BE REACHED:

1. Emergency Contact: _____ Relationship: _____

   Phone Number 1: _____ Phone Number 2: _____

2. Emergency Contact: _____ Relationship: _____

   Phone Number 1: _____ Phone Number 2 :_____

3. Emergency Contact: _____ Relationship: _____

   Phone Number 1: _____ Phone Number 2: _____

STUDENT MEDICAL INFORMATION

List each child's name and their Medical Allergies and/or Significant Medical History, write N/A if not applicable.

_____

_____

Medical Authorization

Medical Insurance Provider: _____Policy/Insurance #: _____

In the event that the undersigned, or my/our authorized doctor cannot be reached and in the judgment of the school principal and/or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services that are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

_____

PRINT PARENT/GUARDIAN NAME SIGNATURE DATE

_____

PRINT PARENT/GUARDIAN NAME SIGNATURE DATE