

## STUDENT MEDICAL/EMERGENCY INFORMATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

### INSURANCE VERIFICATION

Name of your Health/Accident Insurer \_\_\_\_\_

Policy # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

### EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

I, \_\_\_\_\_, the parent or guardian of, \_\_\_\_\_, recognize that as a result of participation in student activities, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. *Please make the following notations on my son/daughter's records:*

Allergies to medications: \_\_\_\_\_

Medications for long-term illness: (indicate illness and medication): \_\_\_\_\_

Relevant medical information (e.g., contact lens wearer, history of family diabetes, epilepsy, heart murmur): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*It is the parent's responsibility to keep all insurance and medical/emergency information current throughout the entire school year.*

May Tylenol be given to child?      Yes \_\_\_\_\_      No \_\_\_\_\_

