



## Emergency Information and Release Form

CHILD'S NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
\_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Additional persons who may be called in an emergency:

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Physician to be called in an emergency:

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Unless otherwise requested, the school's first action in an emergency will be to call the paramedics to administer emergency first aid. If the paramedics judge that hospitalization is necessary, they will transport the child to the nearest available emergency room. Parents must be present, or have this consent form on file before treatment may be given.

IS THIS PROCEDURE ACCEPTABLE TO YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WHAT ACTION SHOULD BE TAKEN? \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALLERGIES, INCLUDING DRUG REACTIONS: \_\_\_\_\_

CHRONIC ILLNESSES: \_\_\_\_\_

REGULAR MEDICATIONS: \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION: \_\_\_\_\_

I, \_\_\_\_\_, the natural parent/legal guardian of \_\_\_\_\_ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health when I cannot be contacted. I waive my right of informed consent of such treatment.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_