

Student's Name _____ Grade _____

Date of Birth _____ Home Phone _____

Address _____

With whom does the child reside? _____

Mother's Name _____ Daytime Phone _____ Cell Phone _____
Email _____

Father's Name _____ Daytime Phone _____ Cell Phone _____
Email _____

Name of local person, other than the parent or guardian, to call in case of emergency. _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name of Physician to call in case of emergency _____

Phone _____

Name of Dentist to call in case of emergency _____

Phone _____

In case of emergency, which hospital would you prefer? _____

Does your child have any allergies? Yes No

If yes, please list: _____

Does your child have any medication allergies? Yes No

If yes, please list: _____

Does your child have any allergies to bees or insects? Yes No

If yes, please list: _____

Does your child take medication regularly at home? Yes No

If yes, please list: _____

Does your child wear glasses? Yes No

Does your child wear contact lenses? Yes No

Does your child have any significant medical conditions or problems we should know about? Yes No

i.e. any serious accident or illness, operations _____

If yes, please explain: _____

To Whom It May Concern: I give consent for my child, _____, to be treated medically in an emergency.

Parent/Guardian's Signature _____ Date _____