Emergency Care Information

Student's Name: _____
Last First MI

Mother/Guardian Name: _____

Father/Guardian Name: _____

Home Address: _____ City: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____

If parents cannot be reached, please call:

Name: _____

Phone: _____ Relationship: _____

Preferred hospital: _____

IN THE EVENT OF A MEDICAL EMERGENCY AND IT IS THE OPINION OF SCHOOL PERSONNEL THAT IMMEDIATE ATTENTION IS NECESSARY, I GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED TO THE HOSPITAL. I ALSO ACCEPT THE FINIANCIAL RESPONSIBILITY FOR THE COST OF THAT TRANSPORTATION.

I UNDERSTAND THAT THE SCHOOL WILL MAKE EVERY ATTEMPT TO REACH ME BEFORE MAKING THAT DECISION.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE