Tulare City School District
Emergency Form

Name:_____ Birthdate: _____

Parent (Guardian) Name(s): _____

Address: _____ Home Number: _____

Daytime number: _____ _____
Father Mother

Family Doctor: _____ Phone Number: _____

Preferred Hospital: _____

In case of an emergency if parent cannot be contacted,

Notify: _____ Phone Number: _____

Please list past and present medical conditions, allergies or help problems: _____

_____

_____

_____

I authorize the above named student to: participate in school music activities and field trips, be supervised by a representative of the school on any trip. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Parent Signature: _____ Date: _____

Insurance: _____ _____
(Company Name) (Policy or Group Number)