

MEDICAL INFORMATION & EMERGENCY FORM

Please note: schools may use this form or a commercially available medical information / emergency form template.

Student/Minor:

Name (first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

Phone (including area code): _____

Name (first, middle, last): _____

Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

ADDITIONAL Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts

Parent or Guardian

Name (first, middle, last): _____ Phone (including area code): _____

Phone (including area code): _____

Other Contact

Name (first, middle, last): _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

I, _____[parent/guardian], understand that in the case of illness or injury to my child, _____[child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

This Authorization for Emergency Medical Treatment is valid for a period of one year, from

_____ **to** _____.

Parents' Signature _____ -

Date of Authorization _____