

ASCENSION EPISCOPAL SCHOOL

VISITING STUDENT EMERGENCY TREATMENT FORM



Student's Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian: _____

Primary Phone: _____ Secondary Phone: _____

Medical History: (Please check all that apply. Provide additional information as needed.)

- _____ Asthma
- _____ Seizures
- _____ Diabetes

Additional Health Information we need to know for this visit:

Allergies: (Medications, foods, insects, environmental – please be specific)

Does your child carry an EpiPen? YES _____ NO _____

If YES, your student must bring her/his EpiPen on the day of their visit.

Does your child carry an inhaler? YES _____ NO _____

If YES, your student must bring her/his inhaler on the day of their visit.

Does your student routinely take any medications? YES _____ NO _____ If yes, please list:

Authorization and Consent for Emergency Treatment for the following date: _____

Understanding that my student may need emergency medical treatment while visiting Ascension Episcopal School ("AES") on the date listed above, I authorize the AES staff, employees, agents, representatives and assigns to administer first aid or other medical treatment as deemed best under the circumstances. I consent for my student to receive such treatment. I understand that AES will attempt to notify me (or other parent/guardian named on this form), in the event of an emergency requiring immediate medical care for my student. If AES is unable to notify me, in case of a serious injury/illness, AES has my permission to arrange transportation to and treatment by a duly qualified physician at the nearest appropriate emergency hospital or clinic. I agree to accept financial responsibility for my Student's health-care expenses.

I hereby release Ascension Episcopal School from any and all claims and liabilities of whatsoever nature.

Signature of Parent/Guardian

Date