

Emergency Contact Form

Student name: (Print) _____

Mother/Guardian: _____ Phone #: (_____) _____ - _____

Father/Guardian: _____ Phone #: (_____) _____ - _____

Emergency Contact: _____ Emer. Phone #: _____

Any allergies or medications: _____

Physician's Name: _____

Address: _____

Phone #'s: (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company: _____

Phone #'s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child: _____

ID #: _____ Group/Policy #: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian Signature: _____ Date: _____