

HEALTH & EMERGENCY CONTACT INFORMATION

Health Information

List all allergies and any special precautions or treatment indicated for these allergies. _____

List any medications currently being administered to the child. _____

Are there any vision or hearing difficulties in which the school could help your child, as in proper seating or other action? YES/NO If yes, please explain: _____

Is there any physical restriction, which would limit participation in any classroom activity? YES/NO Gym/Recess activities? YES/NO If yes, what is recommended by your Doctor? _____

List any hospitalizations of the child. _____

List any disease the child has had. _____

Child's Physician or Clinic _____

Address _____ Phone # _____

Medical Emergency Authorization

In the event reasonable attempts to contact me at (Phone #) _____ or the other parent (Name) _____ at (Phone) _____ has been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by (Preferred Physician) _____ or in the event the designated practitioner is not available, by another licensed physician, and the transfer of the child to (Preferred Hospital) _____, or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery are obtained, prior to the performance of such surgery.

Date _____ Parent's Signature _____

Emergency Contact Information

In the event of an emergency, if parents cannot be reached, please contact:

1. _____
Name Address Phone Relationship

2. _____
Name Address Phone Relationship