



Emergency Medical Treatment Form

These forms are stored separately from registration information and used only in case of emergency.

Parent/Guardian Information:

Father's Name: _____	_____
First	Last
Mother's Name: _____	_____
First	Last
Father's Cell # _____	Mother's Cell # _____
Home Phone: _____	

Student Information:

Student First Name	Student Gender	Grade	Allergies, medications, and learning disabilities:
	M F		
	M F		
	M F		
	M F		
	M F		

Emergency Contact Information: *Other than Parent*

Name: _____	_____
First	Last
Relationship to Student: _____	Phone # _____

Health Insurance Information:

<i>Please provide all of the below information. Please Print Clearly.</i>	
Insurance Company: _____	_____
Health Insurance #: _____	_____

Emergency Treatment:

In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital doctor.

Parent/Legal Guardian Signature: _____ Date: _____