

EMERGENCY TREATMENT FORM

EMERGENCY CONTACTS: On your student's registration form, TWO emergency contacts (other than parents/guardians) are requested for each family. **Emergency contacts** are only to be used if a student is ill or injured and a parent is unable to be reached. They have your permission to pick up your child or take them to the clinic/hospital.

If you do not have two non-parent emergency contacts on your students' registration form, please list them below:

1.) Name: _____ Relationship: _____

Phone number: _____

2.) Name: _____ Relationship: _____

Phone number: _____

1. I grant my permission for any medical records pertaining to the health of the below named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
2. I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the physician and hospital staff to treat my son/daughter as they deem necessary in the emergency situation and grant school officials to use their judgment in calling the physician/facility listed below, or if not available, an alternate physician/facility. The parent/guardian whose signature appears below guarantee payment of expenses incurred.
3. ***I understand this permission will remain in effect until the school is given written notification otherwise.***

Student Name (please print): _____

Family Physician: _____ Phone #: _____

Clinic/Hospital Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____