



Student Information

Students' Full Name: _____

Age: _____ Birth Date: _____

Parent's or Guardian's Name(s): _____

Home Phone: _____ Mother's cell: _____

Father's cell: _____

Additional Emergency Contact (name and phone): _____

Consent to Medical Treatment

In case of a medical emergency requiring immediate attention, I hereby authorize any necessary medical treatment to be given to the above-named students for whom I am the parent/guardian.

This authorization includes admission to the hospital in my absence if it is recommended by my child's physician, a consulting physician, or the emergency room/urgent care physician in their absence.

My signature testifies that I am the parent or guarding the child named above. I will be responsible for the charges for medical treatment authorized by the use of this document.

Parent's/Guardian's Signature

Date

Insurance Information

Insurance Company: _____ Policy Number: _____

ID Number: _____ Certification Number: _____

Does company require pre-admission certificate? YES NO _____
(If YES, company phone number)

Medical History Information

Child's SS#: _____ Date of Last Tetanus Shot: _____

Child's known allergies and reactions: _____

Child has been hospitalized for (most recently): _____

When? _____ Where: _____

Child takes the following medication (list dosage and times taken): _____

Name of Child's Physician: _____ Physician's Phone: _____