## **EMERGENCY/HEALTH INFORMATION AND CONSENT**

## Please print

In case of an **emergency** when parent or guardian cannot be reached, contact: Emergency Contact #1 Name Relationship Home Phone # Work Phone # Cell Phone # Relationship Emergency Contact #2 Name Cell Phone # Home Phone # Work Phone # The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school: Authorized Pickup #1 Authorized Pickup #2 Authorized Pickup #3 Preferred Doctor: Phone #: \_\_\_\_\_ Preferred Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_ Preferred Hospital: I give my permission for my child to receive emergency medical treatment. Yes () No () I give my permission to call 911: Yes () No () List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.) Please list all allergies: Parent/Guardian Signature: \_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_