



Student/ Student's Name(s): \_\_\_\_\_  
 (Last) (First) (Middle)

\_\_\_\_\_ (Last) (First) (Middle)

\_\_\_\_\_ (Last) (First) (Middle)

\_\_\_\_\_ (Last) (First) (Middle)

**⊕ MEDICAL ALERT ⊕**

**Medical Alert:** Please list any known health conditions that your child's teacher or health care provider should be aware of (Examples: allergic reactions to foods, drugs, or insect bites, asthma, diabetes, epilepsy, etc.)

\_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Hospital Preference, if possible: \_\_\_\_\_

**Please, check one of the boxes and sign:**

In case of an emergency situation requiring professional care, I request treatment for my child until such time as I may be contacted.

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I request that medical treatment is NOT given to my child and waive all claims for failure to provide these medical services.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

**PRIMARY EMERGENCY CONTACTS**

In an emergency situation, all attempts will be made to contact one of the persons listed in this box as soon as possible:

Mother: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Home) (Work) (Cell)

Father: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Home) (Work) (Cell)

Legal Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Home) (Work) (Cell)

If the Program Leader is unable to reach me or one of the other Primary Emergency Contacts, I hereby authorize contacting my physician or one of the persons listed below to assume temporary care of my child in case of emergency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Home) (Work) (Cell)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 (Last) (First) (Home) (Work) (Cell)

**Additional Information:** Please provide any other information you feel would be beneficial to your child's teacher or medical provider in an emergency situation:

\_\_\_\_\_