

Emergency Contact and Medical Information

<hr/> <p>Student Name</p>	<hr/> <p>Date of Birth</p>		M	F
			Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>			
()	()	()	()	
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	
<hr/> <p>Address</p>	<hr/> <p>Address</p>			
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>			

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information / Immunization

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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I / we waive our rights that our child / children have no record s on any immunizations and are not receiving any in the future.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
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