

# Medical Information & Emergency Form

## Student:

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

## Student's Regular Physician:

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

## Medical Conditions:

Please list any medical conditions of the student (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

List any allergies or allergic reactions to medications of the student: \_\_\_\_\_

List any medications the student is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of student's most recent tetanus shot: \_\_\_\_\_

## Medical Insurance Information:

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

## Emergency Contacts:

### *Parent or Guardian*

Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

### *Other Contact*

Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

Relationship (aunt, uncle, friend, neighbor, etc): \_\_\_\_\_

## Authorization for Emergency Medical Treatment

This information will be kept private, and will remain in the possession of the school. A copy will travel with the M-CHS band during any and all travels to be used exclusively in the event of an emergency. Should the need arise, this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the school will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgement of medical authorities at the facility.

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

\_\_\_\_\_  
Date