

Emergency Reference Form

Student's Name \_\_\_\_\_ Home Phone# \_\_\_\_\_

DOB \_\_\_\_\_ May be used on class lists - Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

If the school is unable to contact either parent at home or work, please list two (2) relatives or friends who would have the authority to advise us regarding the welfare of your child.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_ Cell# \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Indicate below any allergic reactions, recent immunizations, operations, tests, current medications and chronic health problems - include dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child's health information to be disclosed to appropriate employees who have a legitimate health interest in my child.

\_\_\_\_\_ (Parent/Guardian Signature)

CONSENT FOR EMERGENCY TREATMENT OF MINORS

In case of an emergency, students are transported to the nearest hospital. When a minor is brought to the emergency room for treatment and the parent cannot be located then a teacher, principal, or school nurse may act on behalf of the parent.

Student Name \_\_\_\_\_

To: Attending Physician,

Please render necessary medical services to the above patient.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Revised 6/09 Relationship \_\_\_\_\_