

Health and Emergency Information Form

THIS FORM MUST BE TURNED INTO THE OFFICE ON THE FIRST DAY OF ATTENDANCE

Student's Name: _____

Please list any pertinent medical problems, such as allergies, reactions to drugs, or any other conditions to safely treat your child in an emergency. Please note: This information will be shared with staff.

Please list any dietary restrictions or habits: _____

Parent/Guardian Name: _____

Address: _____

Employer: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Parent/Guardian Name: _____

Address: _____

Employer: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____

Group Number: _____ Policy Number: _____

Dentist's Name: _____ Phone Number: _____

In a medical emergency, the following people may authorize medical care for the child named above:

Name: _____

Address: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Please fill out both sides of this document.

Name: _____

Address: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Name: _____

Address: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Permission to pick up my child(ren): In addition to the above, the following are allowed to pick up my child(ren):

Name: _____

Address: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Name: _____

Address: _____

Email address: _____ Cell Phone: _____ Text? Y/N

Home phone: _____ Work phone: _____

Emergency Treatment Authorization

I request that my child receive first aid whenever it is deemed necessary. In case of emergency illness or accident involving my child(ren), Carbondale New School is authorized to proceed with emergency procedures. I give my permission for authorized school personnel to transport my child(ren) ***if I cannot be reached*** and to seek other emergency care if our family physician cannot be reached.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____