

**LOWER SCHOOL**  
**EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION FORM**  
REQUIRED FOR EACH STUDENT EVERY YEAR: DUE TO OFFICE BY AUGUST 1  
2009-2010

Student's Last Name \_\_\_\_\_ First (Preferred) \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student's Cell \_\_\_\_\_ Student's Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

If parents are separated or divorced, who is the custodial parent? \_\_\_\_\_

**Legal guardian if other than parents:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work \_\_\_\_\_ Beeper \_\_\_\_\_ Cell \_\_\_\_\_

**Persons to be notified in case of emergency and allowed to pick up from school:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

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Name \_\_\_\_\_ Relation \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

—

**Physician to call in emergency:** \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Any known allergies such as food, medications, bee stings etc.?

\_\_\_\_\_

**Any Medical Problems/Current Medications?** \_\_\_\_\_

The following Medications may be administered if needed:

(Please Circle) (Please Sign)

Tylenol YES or NO \_\_\_\_\_

Tums YES or NO \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Authorization for emergency medical care in event of serious illness or accident if parent(s) cannot be reached:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Today's Date

Insurance Co. \_\_\_\_\_ Policy # or Phone # \_\_\_\_\_

**BENJAMIN LOWER SCHOOL  
FIELD TRIP PERMISSION SLIP**

**DUE TO THE LOWER SCHOOL OFFICE BY AUGUST 3**

My child, \_\_\_\_\_,  
(Child's full name)

accompany the teachers and students of The Benjamin Lower  
School on field trips during the 2009-10 school year.

Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date