

MIDDLE 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# _____

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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:

(Circle)	(Please Sign)	(Circle)	(Please Sign)
Tylenol	YES or NO _____	Benadryl	YES OR NO _____

Tums YES or NO _____

Sudafed PE YES OR NO _____

Ibuprofen 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 # _____