



Student's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Student's Nickname \_\_\_\_\_

Please list siblings' names, ages, and schools: \_\_\_\_\_

**3. EMERGENCY CONTACT/PICK-UP INFORMATION**

List three neighbors or relatives who will assume care of your child **if you cannot be reached**. Those designated below, other than parents listed on other side of form, are authorized to pick up my child from school in an emergency (listed in order of preference).

1. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____
2. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____
3. Name _____	Relationship to child _____	Daytime Phone _____
	Address _____	Cell Phone or Pager _____

**4. MEDICAL/PHYSICIAN INFORMATION**

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

List student's known allergies or medical conditions: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

PARENTAL CONSENT: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

REFUSAL TO CONSENT: **I DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. NON-CONSENT TO USE CHILD'S IMAGE OR AUDIO**

REFUSAL TO CONSENT: **I DO NOT** give my consent for my child's still/video image and/or voice to be used in publications, local newspapers, television, school website, or any other media.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_