

Student Emergency Medical Authorization

Student Information

Full Name

Date of Birth

Home Address

Grade

School

Parent/Guardian Information

Name

Relationship

Phone Number

Email Address

Emergency Contacts

Contact Name

Phone Number

Alternate Contact Name

Phone Number

Medical Information

Primary Physician

Physician Phone

Known Allergies

Medical Conditions

Current Medications

Health Insurance Provider

Policy Number

Authorization

I hereby authorize the school, its representatives or chaperones, to seek any medical treatment deemed necessary in case of emergency for my child, listed above.

Parent/Guardian Signature

Date