

EDLIN SCHOOL

PERMISSION FOR EMERGENCY CARE

(Fill out one form per student)

Name of Student: _____
(last) (first) (m.i.)

Date of Birth: _____
(month / day / year)

Name of Parent(s)/Guardian: _____

Address: _____
(street name) (apartment number)

(city) (state) (zip code)

Home Telephone:	_____ (Mother)	_____ (Father)
Business Telephone:	_____ (Mother)	_____ (Father)
Cellular Phone:	_____ (Mother)	_____ (Father)
Pager:	_____ (Mother)	_____ (Father)
Fax:	_____ (Mother)	_____ (Father)
E-Mail:	_____ (Mother)	_____ (Father)

Emergency Contact: _____ / _____
(Name) (Telephone) (Cellular)

Parent or Guardian Insurance Company: _____
Policy Number: _____

The school has my permission to call my family physician or another physician in an emergency when the family physician or I cannot be contacted.

Family Physician: _____
Telephone Number: _____

Physician Suggested: _____
Telephone Number: _____

Allergies: _____

Is student under physician's care for health needs on a continuing basis? Yes____ No____

Is student under medication or treatment on a continuing basis? Yes____ No____

The front office will communicate with parents to provide any necessary school assistance.

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

By law, a parent cannot consent in advance to any and all manner of emergency care. It is understandable that in cases, other than the need of immediate emergency, the attending physician may defer treatment pending the parent's express permission to administer professional service.

Parent/Guardian Signature

Date