

# MEDICAL INFORMATION & EMERGENCY FORM

Please note: schools may use this form or a commercially available medical information / emergency form template.

## Student/Minor:

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

## Student/Minor's Regular Physician:

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

## Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor: \_\_\_\_\_

\_\_\_\_\_

List any medications the student/minor is presently taking: \_\_\_\_\_

\_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

## Medical Insurance Information:

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

## Emergency Contacts

### *Parent or Guardian*

Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

### *Other Contact*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

## Authorization for Emergency Medical Treatment

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This Authorization for Emergency Medical Treatment is valid for a period of one year, from August 1, 2009 through August 1, 2010.**